

PRACTITIONER-SUPPORT AGREEMENT

(TO ACCOMPANY A CPP APPLICATION)

This agreement is between a CPP applicant and an experienced CPP holder, and if required should be submitted with the new practitioner's CPP application.

1. NEW PRACTITIONER

First name(s) – (in full)	
Informal name	Surname
Mr/Mrs/Miss/Ms/Dr/other	NZICA number
Proposed name of firm	
Postal address	
Physical address	
Date of establishment of practice / /	

I agree to undertake a practitioner-support relationship with.....for a period of twelve months after my CPP is issued.
(Experienced practitioner)

I agree that the guidance and support given in this practitioner-support relationship, on ethical, professional, technical and practice management issues, is on an informal basis and that no liability is accepted by the practitioner-support member.

I agree that, if during the course of the term I become acquainted with or have access to confidential information of the other party, I will maintain the confidentiality of that information both during and after the term. I agree that I will not, either during and after the term, for whatever reason, make improper use of the confidential information acquired by virtue of the practitioner-support relationship to gain directly or indirectly an advantage for myself or for any other person.

I have read the Guidelines for CPP Applicants and understand the role of the practitioner-support member.

I confirm that the above information is true to the best of my knowledge.

Signature.....Date...../...../.....
(New practitioner)

PRACTITIONER-SUPPORT AGREEMENT

(TO ACCOMPANY A CPP APPLICATION)

2. PRACTITIONER-SUPPORT MEMBER

First name(s) – (in full)	
Informal name	Surname
Mr/Mrs/Miss/Ms/Dr/other	NZICA number
Designation	Date of CPP issue / /
Practice name	Position title

I agree to undertake a practitioner-support relationship with..... for a period of twelve months after their CPP is issued.
(New practitioner)

I agree to give guidance and support in this practitioner-support relationship, on ethical, professional, technical and practice management issues, on an informal basis and accept no liability for actions taken by the new practitioner on the basis of this guidance and support.

I agree that, if during the course of the term I become acquainted with or have access to confidential information of the other party, I will maintain the confidentiality of that information both during and after the term. I agree that I will not, during or after the term, for whatever reason, make improper use of the confidential information acquired by virtue of the professional-support relationship to gain directly or indirectly an advantage for myself or for any other person.

I have read rule 13 of the Code of Ethics – Duty to report. I understand that if I have reasonable grounds for suspecting fraud, dishonesty or unethical behaviour by any other member, I am under a duty to make a confidential report immediately to the Chief Executive of NZICA.

I have read the Guidelines for Supporting New Practitioners and understand my role as a practitioner-support member.

I confirm that the above information is true to the best of my knowledge.

Signature.....Date...../...../.....
(Experienced practitioner)

INFORMATION NOTES

This agreement is to establish a time-limited practitioner-support relationship between a new practitioner and an experienced public practitioner (practitioner-support member).

Please read the Guidelines for CPP Applicants for the purpose and process of this relationship.