

FORM P2

EXTERNAL SUPERVISOR APPROVAL BY PLACEMENT AGENCY

Intern: _____ Reg # _____
(If known)

Intern's Position: _____

Dates of placement: From _____ to _____

Organisation: _____

Address: _____

Postcode: _____

External supervisor: _____ Reg # _____

Contact Telephone: _____ Email: _____

STATEMENT BY MANAGER

This is to confirm that the Psychologist nominated above has been approved to provide external supervision for the professional work of the Intern during their psychology work placement at this organisation.

Within the organisation, the Intern's Placement Manager is: _____

This Placement Manager is responsible for: (1) overseeing the day-by-day professional practice of the Intern, (2) safeguarding client care and (3) availability for brief consultation where necessary

The Placement Manager is (tick more than one if applicable):

- a fully registered Psychologist Registration # _____
- a Board-authorized Psychology Supervisor
- the Intern's professional Line Manager*
- an experienced professional from a cognate discipline*

**If not a registered Psychologist, then attach CV. Do not start placement until Placement Manager approved by the Board*

The Supervisor will liaise with the Placement Manager and/or Line Manager (tick one or both)

Timing and nature of feedback/reports from External Supervisor to Placement Manager/Line Manager:

Timing and nature of feedback/reports from Placement Manager to External Supervisor:

Intern's **Psychology** reports to be co-signed by:

- Placement Manager (only if fully registered Psychologist) and/or External Supervisor (tick one or both)

Other agreements (as listed in Supervision Guidelines, 5.2)

MANAGER'S NAME: _____

Contact Telephone: _____ Email: _____

SIGNED: _____ Date: _____

SIGNED :

Placement Manager: _____

External Supervisor: _____

Intern's Principal Supervisor (if different): _____

Intern Psychologist: _____