

FORM P1

PSYCHOLOGY PLACEMENT AND SUPERVISION PROGRAM

This form is being submitted to seek approval (please check):

For the initial psychology placement and supervision program

Or to seek approval to vary your current approved supervision plan by:

- Appointing a new principal supervisor (you must also submit a supervision completion Report Form R3)
- Appointing a new secondary supervisor
- Beginning a new placement (you must also submit a placement completion Report Form R3)
- Adding a further placement to be completed concurrently with existing placements

INTERN: _____ Reg # _____ (If known)
Phone: (H) _____ (B) _____ (M) _____
Email: _____

EXPECTED DURATION OF THESE ARRANGEMENTS: If completing more than one placement concurrently, provide details of each placement (photocopy Form P1 if necessary). If the expected duration of this placement when combined with any previously approved placements does not equal at least 24 months, please attach a statement setting out details of your intentions for meeting the requirement of at least 24 months of placement.

From _____ to _____

PART 1. PSYCHOLOGY PLACEMENT

PLACEMENT NO. 1 2 3 4 (please circle)
Circle one: New Placement Continuing Placement (with change of Supervisor/s)
Intern's Position: _____
Organisation: _____
Address: _____ _____ Postcode _____
Contact Person to represent organisation if the Board has questions (usually Manager or Principal Supervisor): _____ Phone: _____
Hours per week in this placement: _____ (NOTE: Minimum number of hours per week = 20 hours)

DUTIES

ATTACH a Position Description (or Job Description) on the organisation's letterhead signed by Principal Supervisor or Manager. The placement will only be approved if it provides the opportunity to experience systematic exposure to the practice of psychology. The duties shown in the Job Description should include a range of tasks that require the application of psychological knowledge, methodology, principles and techniques.

FORM P1 PART 2. APPOINTMENT OF SUPERVISOR(S)

INTERN: _____

PRINCIPAL SUPERVISOR: _____ Reg # _____ Work address: _____ _____ Postcode _____ Phone: (B) _____ (M) _____ Email: _____ Placement(s) to be supervised by this supervisor (if Intern in more than one placement) _____ Is Supervisor employed within organisation in which placement(s) conducted YES NO – EXTERNAL* *Attach Form P2 if Supervisor is external

Provide details for each Secondary Supervisor who will conduct more than 5 individual supervision sessions (attach extra page if required). Board authorised Supervisors who conduct only small group supervision or up to 5 individual sessions can be appointed at the discretion of the Principal Supervisor without prior approval of the Board (notify Board on R3).

SECONDARY SUPERVISOR: _____ Reg # _____ *ATTACH FORM S3 if not a Board authorised supervisor Work address: _____ _____ Postcode _____ Phone: (B) _____ (M) _____ Email: _____ Placement(s) to be supervised by this supervisor (if Intern in more than one placement) _____ Is Supervisor employed within organisation in which placement(s) conducted YES NO – EXTERNAL* *Attach Form P2 if Supervisor is external Hours of <u>individual</u> supervision to be provided by <u>this</u> Supervisor every fortnight _____ Submit a new Form showing changed arrangements when this supervisor's hours reach the maximum 20 hours allowed
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PLACEMENT SUPERVISION SUMMARY

In this placement at _____ for _____ months (duration of placement), I will complete:

- _____ total hours of individual supervision with my Principal Supervisor
- _____ total hours of individual supervision with my Secondary Supervisor/s
- _____ total hours of small group supervision

Please acknowledge by ticking all of the following boxes that your overall supervision plan entails:

- At least 1 hour of supervision every fortnight provided by your Principal Supervisor
- At least 25 hours of supervision every six months with at least 12 hours provided by your Principal Supervisor.
- At least 100 hours of supervision over two years with at least 48 hours provided by your Principal Supervisor
- No more than 20 hours of supervision from any individual secondary supervisor and no more than 60 hours of individual secondary supervision in total as counting towards your registration requirements
- No more than 40 hours of small group supervision over two years as counting towards your registration requirements
- At least 30 hours but no more than 60 hours of workshops over two years counting towards your registration requirements
- At least 160 hours of supervision and workshop over two years

FORM P1 PART 3 SUPERVISION CONTRACT

Submit a contract (Part 3) for Principal Supervisor and for each Secondary Supervisor (providing > 5 hours individual supervision) each time that Parts 1 and 2 are submitted (if contract/s have not been revised, simply attach a copy of the previous contract/s).

Submit only Part 3 if the supervision contract has been updated but Parts 1 and 2 are unchanged.

INTERN _____ SUPERVISOR _____

Date of commencement of this contract _____

Expected duration of this contract (circle one) 6 months 12 months 18 months 24 months __ months

Date of mid-supervision review(s) _____

(Reviews should be conducted at least every 3 months)

Time and place of supervision _____

Professional indemnity insurance Supervisor YES NO Intern YES NO

GOALS AND METHODS

Please dot list and specify Goals in full sentence form. Circle Methods used in box at right (attach an additional page if you need to).

Legend Methods: W - workshop attendance, R - reading, DR - discussion/review, D - demonstration by supervisor, RP - role play, T - didactic and other training, F - feedback on audio/video tapes, L - live supervision, RPL - recognition of prior learning.

GOALS	METHODS (Please circle)
<p>1. LEGAL, ETHICAL AND PROFESSIONAL CONDUCT: (Note: Learning in this Key Standard extends throughout the two year supervision period and throughout a psychologist's professional life).</p>	<p>W R DR D RP T F L RPL</p>
<p>2. ASSESSMENT AND MEASUREMENT:</p>	<p>W R DR D RP T F L RPL</p>

FORM P1 PART 3 Supervision Contract (continued)

<p>3.SERVICE DELIVERY:</p>	<p>W R DR D RP T F L RPL</p>
<p>4. COMMUNICATION:</p>	<p>W R DR D RP T F L RPL</p>
<p>5. PROFESSIONAL DEVELOPMENT:</p>	<p>W R DR D RP T F L RPL</p>
<p>OTHER TRAINING GOALS as appropriate to organisation and Intern's needs (e.g. professional identity, personal awareness, self-sustaining practices):</p>	<p>W R DR D RP T F L RPL</p>

EXTRACT FROM SUPERVISION GUIDELINES 2006

3.3 SUMMARY OF SUPERVISION PROGRAM REQUIREMENTS

A brief summary of the minimum requirements for a Supervision Program is provided in the tables and each point is expanded in the later text under the numbered sections.

Section	Basic Requirements	
3.4	Duration	<ul style="list-style-type: none"> Two years
3.5	Hours of psychology work	<ul style="list-style-type: none"> Minimum of 20 hours per week requiring a regular pattern of attendance in the vicinity of 48 weeks per year.
3.6	Supervision plus workshop hours	<ul style="list-style-type: none"> A minimum of 160 hours must be spent in supervision and workshop attendance
3.6	Supervision Hours	<ul style="list-style-type: none"> A minimum of 100 hour of supervision A minimum of 60 of these hours must be individual supervision A minimum of 48 individual hours must be with the Principal Supervisor A maximum of 60 individual supervision hours can be with Secondary Supervisor(s) (Maximum of 20 hrs per Secondary Supervisor) A maximum of 40 hours can be small group supervision (maximum 6 Interns per group). Group supervision is not mandatory.
3.13	Workshops	<ul style="list-style-type: none"> A minimum of 30 hours (about 5 days) of workshop attendance A maximum of 60 hours (about 10 days) can be credited When less than 60 workshop hours, extra hours must be spent in supervision to meet the requirements of total of 160 hours Hours must be approved and weighted by Principal Supervisor
3.14	Organisation Visits	<ul style="list-style-type: none"> Minimum 2 organisation visits (or multiple placements).
4	Competencies	<ul style="list-style-type: none"> Achieve competencies in 5 Key Standards

Section	Further Requirements	
3.7	Nature of work	Professional practice setting involving application of psychological knowledge and methods
3.8	Payment for work	Voluntary or salaried
3.8	Location of Supervisor(s)	Preferably employed in same agency If not, accountability must be specified
3.9	Principal Supervisor(s)	Must be an authorised supervisor OR be granted special approval to supervise the Intern Responsible for all aspects of Intern's work
3.9	Number of Principal Supervisors	Only one at a time Can have a series of two or more
3.10	Secondary Supervisor(s)	Must be an authorised supervisor OR be granted special approval to supervise the Intern Accountable to Principal Supervisor
3.10	Number of Secondary Supervisors	As appropriate (there can be more than one at a time) Must be approved by Principal Supervisor(s)
3.12	Mode of supervision	Preferably face to face Up to 30 hours can be by videoconferencing and/or telephone (if appropriate). Can apply for special approval to increase from 30 hours
3.14	Timing of workshops	At Principal Supervisor's discretion, some workshops might need to precede placement-based practice
3.15	Reporting	6 monthly reports from Principal Supervisor to Board 6 monthly reports from Secondary to Principal Supervisor
3.15	Records	Intern to maintain logbook of supervision sessions & workshop attendance