

# Logbook: Record of professional practice

Type: **5+1 provisional psychologists**

Profession: **Psychology**

Provisional psychologists are required to maintain a record of professional practice for the duration of their internship program.

This record must be sighted and signed by the supervisor regularly (usually weekly) and when:

- reviewing the supervision plan, and
- preparing a change of principal supervisor form.

The Psychology Board of Australia (the Board) may request this record at any time. If requested, it must be submitted to the Board within 14 days.

## Information and definitions

### CLIENT CONTACT

Client contact is defined as the performance of the specific tasks of psychological assessment, diagnosis, intervention, prevention, treatment, consultation, and provision of advice and strategies directly with clients under the guidance of the supervisor.

### CLIENT-RELATED ACTIVITY

Client-related activity is defined as those activities considered necessary to provide a high standard of service to clients and to support the provisional psychologist's achievement of the professional competencies. The supervisor provides guidance on what client-related activities are relevant, taking into account the individual provisional psychologist's development needs and their unique work role context, and include reading and researching to assist problem formulation and diagnosis, case consultation with colleagues, and formal and informal reporting.

Provisional psychologist name

Registration number	Week beginning
P S Y	



Please note that all work roles must be approved by the Board prior to counting any time or training towards the supervised practice program. This form is also available in Excel format at [www.psychologyboard.gov.au/Registration/Forms](http://www.psychologyboard.gov.au/Registration/Forms).

## SECTION A: Weekly record of professional practice

Session	Psychological practice: Client contact	Duration	Psychological practice: Client-related activity	Duration	Reflections on experience
Provide details of: • place of practice • client ID, and • presenting issue(s).	Provide details of: • date of activity, and • psychological assessment and/or intervention/prevention/evaluation.	Hours	Provide details of: • date of activity, and • problem formulation, diagnosis, treatment planning/modification, reporting/consultation	Hours	Comments

Session	Psychological practice: Client contact	Duration	Psychological practice: Client-related activity	Duration	Reflections on experience
Provide details of: • place of practice • client ID, and • presenting issue(s).	Provide details of: • date of activity, and • psychological assessment and/or intervention/prevention/evaluation.	Hours	Provide details of: • date of activity, and • problem formulation, diagnosis, treatment planning/modification, reporting/consultation	Hours	Comments

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	Client contact	Client-related activity	Total psychological practice (hours)
<b>Weekly total</b>	hours	hours	hours
<b>Cumulative total</b>	hours	hours	hours

## SECTION B: Record of education and training activities

Education and training activities are the means by which provisional psychologists maintain, improve and broaden their knowledge, gain competence, and develop the personal qualities required in their professional practice. Education and training activities can include attending lectures, seminars, symposia, presentations, workshops, short courses, conferences, and learning by reading and using audiovisual material, including readings and activities undertaken to prepare for the national psychology examination, and other self directed learning.

The supervisor should approve all education and training activities to ensure they address the provisional psychologist's learning goals and practice requirements, and they relate to the threshold professional competencies of the internship.

The provisional psychologist should update this list as required and provide this record to their supervisor for review at each supervision meeting or as required and discuss the activity outcomes with their supervisor. The supervisor should initial each activity on this record to confirm it has been reviewed and discussed.

Date of activity	Type of activity	Activity details	Specify core competency area(s)	Specific topics covered	Duration	Supervisor initials
	E.g. workshop, reading, seminar, conference etc	E.g. name of course, presenter, institution etc	E.g. Competency 4: conducts psychological assessments	E.g. behavioural interventions for ADHD in adolescents	Hours/mins	

Date of activity	Type of activity	Activity details	Specify core competency area(s)	Specific topics covered	Duration	Supervisor initials
	E.g. workshop, reading, seminar, conference etc	E.g. name of course, presenter, institution etc	E.g. Competency 4: conducts psychological assessments	E.g. behavioural interventions for ADHD in adolescents	Hours/mins	

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Total hours

Cumulative hours

**Note:** Verification of education and training activities (e.g. receipts, flyers, citations, certificates of attendance, activity journal, workshop notes and copies of activity records) should be kept by the provisional psychologist in an education and training portfolio and maintained for the duration of the internship. The Board may request submission of the portfolio for audit at any time during the internship.

Name of provisional psychologist

Date

 /  /    

Signature of provisional psychologist


SIGN HERE

## SECTION C: Record of supervision

The provisional psychologist should record an entry in this record of supervision following each supervision meeting, or in time to be tabled at the next supervision meeting. Each entry should be initialised by the supervisor who provided the supervision.

Supervision for the 5+1 internship must:

- total at least 80 hours over the course of the internship
- include at least 50 hours of direct, individual supervision provided by the principal supervisor
- be provided at a ratio of 1 hour of supervision for every 18 hours of internship
- be provided frequently for the full duration of the internship (usually weekly)

Date of supervision	Name of supervisor	Principal or secondary?	Individual or group	Summary of supervision	Duration	Supervisor initials
		<input checked="" type="checkbox"/> Principal <input checked="" type="checkbox"/> Secondary	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group	E.g. brief summary of matters discussed, outcomes/plans for follow up activities and discussions	Hours/mins	
		<input checked="" type="checkbox"/> Principal <input checked="" type="checkbox"/> Secondary	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group			
		<input checked="" type="checkbox"/> Principal <input checked="" type="checkbox"/> Secondary	<input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Group			

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		<input type="checkbox"/> Principal <input checked="" type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group			
		<input type="checkbox"/> Principal <input checked="" type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Group			

Total hours

Cumulative hours

Name of provisional psychologist

Date

 /  / 

Signature of provisional psychologist


SIGN HERE

## SECTION D: Signatures

Name of provisional psychologist

Date

DD / MM / YYYY

Signature of provisional psychologist



SIGN HERE

Name of principal supervisor

Date

DD / MM / YYYY

Signature of principal supervisor



SIGN HERE