



Change of principal supervisor or discontinuing the internship

Type: **4+2 internship program or 5+1 internship**

Profession: **Psychology**

This form is to be completed when a provisional psychologist undertaking an approved internship is changing their principal supervisor or discontinuing the internship. This form needs to be completed by both the incoming and outgoing principal supervisors in conjunction with the provisional psychologist.

When completing this form the supervisor and provisional psychologist should refer to the *Guidelines for the 5+1 Internship Program* or the *Guidelines for the 4+2 internship program*.

Change of principal supervisor forms must be submitted to the Board within 28 days of the cessation of the supervisory arrangement. Hours of supervised practice may not be recognised if this form is not submitted within the required timeframe.

SECTION A: Provisional psychologist's details

1. What are the provisional psychologist's details?

Name

Registration number

P S Y

Email

2. Are you changing principal supervisor or discontinuing the internship?

☒ Changing supervisor – *go to Section B*

☒ Discontinuing – *go to Section C*

SECTION B: Supervisor's details

3. What are the outgoing and incoming supervisor's details?

Outgoing principal supervisor's details

Name

Registration number

P S Y

Email

Incoming principal supervisor's details

Name

Registration number

P S Y

Email

4. Is this supervisor a Board-approved principal supervisor for the internship programs?

YES ☒

NO ☒



5. What is the reason for the change of principal supervisor?

Provide details

SECTION C: Practice, supervision and professional development

6. What is the commencement date of this reporting period?

The period since the last progress report (or the date the internship started if no progress report has been submitted yet) until the date that the outgoing principal supervisor ceased to be the supervisor.

Commencement date of this reporting period

D	D	/	M	M	/	Y	Y	Y	Y
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Conclusion date of this reporting period

D	D	/	M	M	/	Y	Y	Y	Y
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7. What are the details of the current approved workplace(s)?

Name of organisation	Hours of work per week

8. How many hours of the internship has the provisional psychologist completed?

For hours of individual and group supervision include total hours for all supervision activities in each category, including direct observation, telephone and indirect supervision.

	Hours this period	Cumulative hours
Hours of client contact (as defined in the guidelines)		
Hours of client-related activity (as defined in the guidelines)		
Hours of individual supervision – principal supervisor		
Hours of individual supervision – secondary supervisor(s)		
Hours of group supervision		
Hours of professional development/education and training activities		
TOTAL HOURS		

9. How many times did the supervisor(s) directly observe the provisional psychologist's training?

Number of direct observation sessions of the provisional psychologist providing psychological assessment or diagnosis services to real clients (minimum two sessions every six months)	
Number of direct observation sessions of the provisional psychological providing psychological intervention services to real clients (minimum two sessions every six months)	

10. What type of internship are you undertaking?

- ☒ 4+2 internship program – **go to the next question**
- ☒ 5+1 internship – **go to Section D**


11. How many hours of telephone supervision or indirect supervision did the provisional psychologist complete?

	This period	Cumulative
Hours of telephone supervision		
Hours of indirect supervision (e.g. written feedback)		

12. How many case reports have been submitted and assessed as satisfactory by the Board?

Number of case reports submitted	
Number of case reports assessed as satisfactory by the Board	

SECTION D: Progress towards developing the professional competencies


If your comments do not fit in the spaces provided, please provide your report in a Word document attached to this form.

Comment on the provisional psychologist's progress towards achieving competency in each of the professional competencies of the internship program.

1. Applies and builds scientific knowledge of psychology to inform safe and effective practice

2. Practises ethically and professionally

3. Exercises professional reflexivity, purposeful and deliberate practice, and self-care

4. Conducts psychological assessments

5. Conducts psychological interventions



6. Communicates and relates to others effectively and appropriately

7. Demonstrates a health equity and human rights approach when working with people from diverse groups

8. Demonstrates a health equity and human rights approach when working with Aboriginal and Torres Strait Islander Peoples, families and communities

SECTION E: Outgoing principal supervisor declaration

I declare that the information contained in the attached supervision report about the work of the provisional psychologist is true and correct.

Name of outgoing principal supervisor

Date

DD / MM / YYYY

Signature of outgoing principal supervisor



SIGN HERE

SECTION F: Incoming principal supervisor declaration (only complete if changing supervisors)

I declare that I:

- ☒ have read this report and am aware of the provisional psychologist's progress in the internship to date.
- ☒ am willing to continue under the current internship program plan (no need to submit a new plan), **OR**
- ☒ will be working with this provisional psychologist under a new internship program plan (submitted along with this form).

Name of incoming principal supervisor

Date

DD / MM / YYYY

Signature of incoming principal supervisor



SIGN HERE

Name of provisional psychologist

Date

DD / MM / YYYY

Signature of provisional psychologist



SIGN HERE



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.
You may contact Ahpra on 1300 419 495