



# Internship program plan

Type: **5+1** internship

Profession: **Psychology**

This form is intended to be used by:

- current provisional psychologists undertaking the 5+1 program who wish to seek approval for a work role or roles, in order to start their internship, and
- current provisional psychologists undertaking the 5+1 program who wish to seek approval for an alternate/additional work role, or
- overseas qualified applicants who are applying for provisional registration in order to embark on a one-year internship in Australia.

The internship program plan is an agreement between the supervisors and the provisional psychologist named in the plan and the Psychology Board of Australia (the Board). For this reason the plan needs to be detailed, individualised and well thought out.

The internship program plan sets out how the proposed psychological practice, supervision, and professional development will enable the provisional psychologist to attain all the core competencies of the internship program and how the supervisors will contribute to this process.

All provisional psychologists must conduct their internship program in accordance with a written plan that has been agreed to by the provisional psychologist and supervisors and approved by the Board. The provisional psychologist's employer/workplace manager should review and confirm their agreement with the internship plan (if applicable). Provisional psychologists must have an approved internship program plan in place at all times while undertaking the internship program. The principal supervisor is responsible for ensuring that the internship program plan is followed.

The internship program plan should be reviewed by the principal supervisor and provisional psychologist regularly in order to ensure that the provisional psychologist is meeting the training objectives of each of the professional competencies.

Provisional psychologists and their supervisors should refer to the Board's *Guidelines for the 5+1 internship program* which provides a comprehensive guide to the responsibilities of all parties to the internship program plan and the Board's administrative requirements relating to this plan.

## SECTION A: Provisional psychologist's details

### 1. What are your details?

Name

Registration number

### 2. Why are you completing this internship program plan form?

I am beginning an internship



You must arrange to have the original transcript of your academic qualification that confirms successful completion of all components of the fifth year degree and eligibility to graduate, to be sent directly to Ahpra by the issuing institution. If you have successfully completed the fifth year qualification but it has not yet been conferred, you are able to apply to commence the internship but will be required to provide evidence of conferral of the degree before being eligible to apply for general registration.

I am changing a work role

I am adding a work role

I am applying for provisional registration and beginning an internship as an overseas qualified applicant



## SECTION B: Supervisory relationship

### 3. Who is your proposed principal supervisor?

Name of principal supervisor

Registration number of principal supervisor

P	S	Y																	
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### 4. Who is your proposed secondary principal supervisor?

You must have at least one secondary supervisor but may have more than one. You can also add or change secondary supervisors during the internship with your principal supervisor's approval.

#### Secondary supervisor 1

Name

Registration number

P	S	Y																	
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#### Secondary supervisor 2

Name

Registration number

P	S	Y																	
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Please attach details of extra secondary supervisors separately if they do not fit in the space provided.

## SECTION C: Proposed psychological work role(s)



**You must attach an official position description (on employer's letterhead) for EACH position mentioned in this section.**

The position description must include:

- the title of your position
- reporting requirements
- responsibilities
- tasks and activities to be undertaken, and
- hours of work.

Position descriptions must be signed by the employer (i.e. HR manager, line manager, business owner) and co-signed by the Principal Supervisor to verify the attached position description is correct.



**5. What are the details of the proposed work role?**

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.

**Proposed position 1**

Position title

Organisation name

Hours per week

**Practice address**

Site/building and/or position/department (if applicable)



Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)




City/Suburb/Town\*

State/Territory\* (e.g. VIC, ACT)

Postcode\*

**If this application is approved, do you want to update your principal place of practice (PPP) to this address?**

Principal place of practice (PPP) for a registered health practitioner is:

- the address at which you will predominantly practise the profession (for higher degree students this may be the address of your university or college); or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

You can check what your current PPP is via the Health practitioner login at [www.ahpra.gov.au/Login.aspx#](http://www.ahpra.gov.au/Login.aspx#). If changing work roles, your PPP must be updated using this form. If you are not updating your work role, your PPP can be updated via the login page.

YES

NO

**Proposed position 2**

Organisation name

Position title

Number of hours per week



Attach a separate sheet if additional positions do not fit in the space provided.



## 6. What are the details of any previously approved work roles that you intend to continue to work in?

Please provide details of each continuing work role.

### Proposed position 1

Organisation name

Position title

Number of hours per week

### Proposed position 2

Organisation name

Position title

Number of hours per week



Attach a separate sheet if additional positions do not fit in the space provided.

## SECTION D: Psychological roles

The following sections will require you to clearly indicate that you understand and agree to the requirements of the internship program by marking the relevant statements. You will be required to sign a declaration at the end of the application. All supervisors are also required to indicate their agreement by signing the declaration at the end of this form.

### 7. Mark the boxes to indicate your agreement:

- I will only practice under the supervision of my supervisor(s).
- I will only count hours in Board-approved positions towards requirements for general registration.
- I will submit any changes to approved psychological work (in the form of a revised internship program plan accompanied by the official position description) for the Board's approval before time spent in the new position can be counted.

## SECTION E: Period of supervision program

Supervision will be deemed to commence from the date on which the internship program plan is signed, provided it is subsequently approved. You may accrue client contact hours through direct client contact once your supervisor has deemed you ready to do so. You do not have to wait for the Board to approve your plan.

### 8. Mark the box to indicate your agreement:

- I will complete a minimum of 1500 hours of internship.
- Within the total minimum requirement of 1500 hours of internship training, I will:
- undertake a minimum of 500 hours of client contact
  - undertake a minimum of 80 hours of supervision (minimum 50 hours of individual supervision with the principal supervisor), and
  - complete 60 hours of relevant education and training activities.



## SECTION F: Frequency /amount /method of supervision

**9. Mark the boxes to indicate your agreement:**

I understand that:

- at least 50 hours of my supervision needs to be individual supervision with my principal supervisor.
- 80 hours of supervision equates to approximately 1 hour of supervision for every 18 hours of practice. However the frequency of supervision is determined by my supervisor.
- I can only count time spent in supervision with a Board approved supervisor.
- I am required to submit any changes to a supervisory relationship for the Board's approval.

My principal supervisor will be:

- On-site
- Off-site – I request approval for an off-site supervisory arrangement that accords with the Guidelines for 5+1 internship program  
**Go to question 10**

**10. What are the details of workplace supervision and direction available on site?**

If you have multiple work roles, please provide supervisor information for each work role.

**Position 1**

**Details of workplace supervisor available on site**

MR  MRS  MISS  MS  DR  OTHER

Family (legal) name of supervisor

First given name

Position

**The available supervisor is (mark applicable)**

- A registered psychologist
- Another registered practitioner
- Another suitable person *(please specify)*

**Position 2**

**Details of workplace supervisor available on site**

MR  MRS  MISS  MS  DR  OTHER

Family (legal) name of supervisor

First given name

Position

**The available supervisor is (mark applicable)**

- A registered psychologist
- Another registered practitioner
- Another suitable person *(please specify)*



Attach a separate sheet if additional positions do not fit in the space provided.



**11. Mark the box to indicate your agreement.**

I agree to comply with any relevant workplace and/or employment privacy and confidentiality policies.

**SECTION G: Core competencies**

This section should focus on how your professional practice in approved position(s), formal supervision consultations, participation in education and training activities and any simulated learning activities will enable you to achieve the professional competencies required for general registration. You should refer to the Professional competencies for psychologists for information on each competency.



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

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

[Empty text box for response to question 6]

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

[Empty text box for response to question 7]

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

[Empty text box for response to question 8]

**SECTION H: Declaration**

- I have read and agree with the internship program plan as submitted and accept the conditions of this agreement.
- I agree to abide by the requirements for a provisional psychologist under the internship program, approved by the Board.
- I have read and agree to uphold the responsibilities of the provisional psychologist outlined in the:
  - Code of conduct
  - Health Practitioner Regulation National Law (as in force in each state and territory)
  - Guidelines for the 5+1 internship program, and
  - Guidelines for mandatory notifications.

Name of applicant	Signature of applicant
<input type="text"/>	 <span data-bbox="916 1391 1177 1451">SIGN HERE</span>
Date	
<input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	



## SECTION I: Supervisor's declaration

- I am a Board-approved supervisor for 5+1 internship programs.
- I have read, understand and agree to comply with the requirements for supervisors set out in the:
  - *Code of conduct*
  - *Guidelines for the 5+1 internship program*
  - *Guidelines for supervisors*, and
  - *Guidelines for mandatory notifications*.
- I have the requisite skills and training to supervise the provisional psychologist in this proposed 5+1 internship.
- I have read and agree with the internship program plan as submitted and accept the conditions of this agreement.
- I accept that I am entrusted with the professional training of the provisional psychologist to enable them to become eligible to apply for general registration as a psychologist.
- In my role as a supervisor I will not endorse the provisional psychologist's application for general registration until such time as I believe they have achieved all the professional competencies and have sufficient skills and knowledge to practice safely and ethically as a psychologist.
- I understand that in signing or co-signing any document written by me or the provisional psychologist for the Board or Ahpra that I accept responsibility for the document's contents.

Name of principal supervisor

Date

 /  / 

Signature of principal supervisor

 SIGN HERE

Name of secondary supervisor

Date

 /  / 

Signature of secondary supervisor

 SIGN HERE

Name of secondary supervisor

Date

 /  / 

Signature of secondary supervisor

 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](http://www.ahpra.gov.au/registration/online-upload).  
You may contact Ahpra on 1300 419 495