



Internship program plan

Type: **4+2 internship**

Profession: **Psychology**

This form is intended to be used by:

- individuals applying for provisional registration in order to undertake the Psychology Board of Australia (the Board) 4+2 internship program, or
- current registered provisional psychologists undertaking the 4+2 program who wish to seek approval for an alternate/additional work role for the internship.

The 4+2 internship program plan is an agreement between the supervisors, the provisional psychologist and the Board. For this reason the plan needs to be detailed, individualised and well thought out.

This form must be completed by the applicant for provisional registration in consultation with the proposed principal and secondary supervisors.

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 plan is followed.

The internship program plan must be reviewed by the principal supervisor and provisional psychologists at least once every six months when preparing a progress report in order to ensure that the provisional psychologist is meeting the training objectives of each of the professional competencies and at any other time as required.

Supervisors and supervisees are advised to refer to the Board's *Guidelines for the 4+2 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 is your name?

Family name

First given name

Registration number

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2. Why are you submitting this form?

I am applying for approval to:

- ☒ begin an internship
- ☒ change a work role for an internship I am already undertaking
- ☒ add another work role to an internship I am already undertaking

Enter your provisional registration number below

Registration number

| | | | | | | | | | | | | | | | | | | | |
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SECTION B: Supervisory relationship

3. Who is your proposed/current principal supervisor?

Name

Registration number

| | | | | | | | | | | | | | | | | | | | |
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4. Who is your proposed/current secondary principal supervisor?

You must have at least one secondary supervisor and you may have more than one.

Secondary supervisor 1

Name

Registration number

| | | | | | | | | | | | | | | | | | | | |
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Secondary supervisor 2

Name

Registration number

| | | | | | | | | | | | | | | | | | | | |
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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 principal supervisor or employer (i.e. HR manager, line manager, business owner) to verify the attached position description is correct.



5. What are the details of the proposed work role(s)?

Please provide details of each proposed work role. Psychological practice refers to client contact and client related activities as defined in the *Guidelines for the 4+2 internship program*.

Proposed position 1

Position title

Organisation name

Hours per week

SPECIFY

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, 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.

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

Psychological practice

Position title

Number of hours per week

Proposed position 2

Organisation name

Psychological practice

Position title

Number of hours per week



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

SECTION D: Internship arrangements

7. Psychological practice agreement

You are required to indicate that you understand and agree to the psychological practice requirements of the internship program by ticking the statements below. You are also required to sign the declaration at the end of this form. Your supervisors are also required to indicate their agreement by signing the declaration at the end of this form.

- Psychological practice refers to client contact and client related activity.
- The starting date of your internship is the date the Board approves provisional registration or another date after that time agreed to by the Board.
- Mark the boxes to indicate your agreement.

- ☒ My work role(s) will enable me to complete a minimum of 14 hours of psychological practice per week (excluding periods of leave).
- ☒ My work role(s) will enable me to complete 2720 hours of psychological practice, including at least 850 hours of real client contact within five years from the date the Board approves my internship.
- ☒ I will only count psychological practice in Board-approved positions towards the requirements for general registration.
- ☒ I will submit any substantial changes to my employment/placements for my internship for approval by the Board in form of a revised internship program plan accompanied by the official position descriptions.

8. Professional development agreement

You are required to indicate that you understand and agree to the professional development requirements of the internship program by ticking the statements below. You are also required to sign the declaration at the end of this form. Your supervisors are also required to indicate their agreement by signing the declaration at the end of this form.

- ☒ I will undertake a minimum of 120 hours of professional development activities that directly contribute to my achievement of the eight core competencies over the course of the internship program.
- ☒ I understand that my supervisor must approve all professional development activities to be counted as part of my internship and sign off each activity in my professional activity log.
- ☒ I will review my professional development plan every six months in consultation with my supervisor and update it as required.



9. Supervision agreement

You are required to indicate that you understand and agree to the supervision requirements of the internship program by ticking the statements below. You are also required to sign the declaration at the end of this form. Your supervisors are also required to indicate their agreement by signing the declaration at the end of this form.

- ☐ I will receive a minimum of 160 hours of psychological supervision in my internship provided by Board-approved supervisors.
- ☐ My principal supervisor will provide at least 80 hours of my psychological supervision.
- ☐ At least 100 hours of my psychological supervision will be individual (direct one-on-one) supervision.
- ☐ I understand that I can only count psychological supervision that is provided by a Board-approved supervisor towards the supervision requirements for general registration.
- ☐ I understand that I must receive professional supervision frequently throughout the internship at a ratio of one hour of supervision for every 17 hours of practice.
- ☐ I understand that no more than 40 hours of my supervision may be completed via telephone, the rest must be face-to-face (in person, videoconference etc) unless more than 40 hours is approved by the Board due to special circumstances.

If you are seeking permission for more than 40 hours of phone supervision check the box below:

- ☐ I am seeking permission for more than 40 hours of phone supervision.



Please attach details of the special circumstances that apply and the total proposed hours of phone supervision.

- ☐ I understand that my supervision must be predominantly one hour per session and that no more than 40 hours may be claimed for shorter supervision sessions.
- ☐ I understand that if I change my principal supervisor, I must submit a Change of principal supervisor - CHPS-76 form and the change must be approved by the Board.

My principal supervisor will be:

- ☐ Onsite in the same location as my main work role
- ☐ Offsite

Estimated completion date of internship

/ /



Please attach details of your supervisory arrangements including:

- who will be responsible for day to day oversight and supervision (line manager etc.)
- who will be available to provide professional guidance to the provisional psychologist as required (e.g. supervisor via phone or another psychologist onsite)
- confirmation that the employer understands and agrees to the requirements of the internship and that all parties have agreed to arrangements for handling privacy and confidentiality matters and any conflicts with workplace/employer policies.

This must be signed by the provisional psychologist, the principal supervisor and the employer/workplace manager.

SECTION E: Professional competencies

This section should focus on how your internship, including professional practice, simulated learning activities, supervision, professional development activities and preparation for the national psychology examination will enable you to develop and achieve the professional competencies required for general registration. You should refer to the guidelines for information on each competency including assessment tasks.

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



2. Practices 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 F: 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 4+2 internship program, and*
 - *Guidelines for mandatory notifications.*

Name of applicant

Date

 / /

Signature of applicant



SIGN HERE

SECTION G: Supervisor's declaration

- I am a Board-approved supervisor for 4+2 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 4+2 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 4+2 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 he or she has achieved all the professional competencies and has sufficient skills and knowledge to practice safely and ethically as a general 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.
You may contact Ahpra on 1300 419 495