Progress report form
For supervisors of provisional psychologists working in addition to university placements
Profession: Psychology

This report form is for supervisors of provisional psychologists who are:
• enrolled in an accredited higher degree and provisionally registered for the higher degree or 5+1 pathway, and
• undertaking additional psychology practice that has been approved by the Board in accordance with the Policy on working in addition to placements.

This supervision report form is to be completed by the Board-approved supervisor of the provisional psychologist and signed by both the supervisor and the provisional psychologist, and must be submitted to the Australian Health Practitioner Regulation Agency (AHPRA) by the provisional psychologist within 28 days of the end of each six month reporting period. If supervision reports are not submitted within this time frame the Board may revoke approval for the placement.

If the minimum supervision requirements are not met, or there are concerns about the provisional psychologist’s fitness to practice in the role that may place the public at risk, the Board may revoke approval for the placement.

It is important that you refer to the Board’s registration standards, codes and guidelines when completing the form. Registration standards, codes and guidelines can be found at www.psychologyboard.gov.au

Privacy and confidentiality
The Board and AHPRA are committed to protecting your personal information in accordance with the Privacy Act 1988 (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.

By signing this form, you confirm that you have read the collection statement. AHPRA’s privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form
Additional information
Provides specific information about a question or section of the form.

Signature required
Requests appropriate parties to sign the form where indicated.

Completing this form
• Read and complete all questions.
• Ensure that all pages and required attachments are returned to AHPRA.
• Use a black or blue pen only.
• Print clearly in BLOCK LETTERS
• Place X in all applicable boxes:
• DO NOT send original documents unless specified.

Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Reporting period
1. What are the dates of the reporting period?
Dates DD/MM/YYYY to DD/MM/YYYY

SECTION B: Provisional psychologist’s and supervisor’s details
2. What are the provisional psychologist’s details?

Title* MR MRS MISS MS DR OTHER SPECIFY
Family name
First given name
Middle name(s)
Previous names known by (e.g. maiden name)
Registration number P SY
Title of course/degree
Name of education provider
3. What are the supervisor's details?

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<tr>
<td>MR</td>
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<td>DR</td>
<td>OTHER</td>
<td>SPECIFY</td>
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Family name

First given name

Middle name(s)

Registration number

PSY

4. What are the details of the provisional psychologist's approved work role?

Position title

Employer

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

Contact telephone

Hours per week (average if hours vary)

Total hours worked in the reporting period

SECTION C: Supervision details

5. How many hours of psychological supervision did the provisional psychologist receive during the reporting period?

Psychological supervision must be provided at a rate of one hour for every 17.5 hours of practice and at least 66% must be individual supervision.

If there is more than one Board-approved supervisor for this supervisee, include psychological supervision you provided yourself as well as that provided by the other supervisors/s. Do not include workplace supervision provided by someone who is not a Board-approved supervisor.

<table>
<thead>
<tr>
<th>Individual supervision hours</th>
<th>Small group supervision hours</th>
<th>TOTAL HOURS</th>
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6. During the reporting period have you or another Board-approved supervisor directly observed the provisional psychologist's practice in at least two client sessions?

YES  | NO
SECTION D: Professional indemnity insurance

7. Is the provisional psychologist's practice in this role covered by professional indemnity insurance that meet the Board’s Professional indemnity insurance arrangement registration standard?  

YES ☐ NO ☐

For more information, view the full registration standard online at www.psychologyboard.gov.au/Standards-and-Guidelines

SECTION E: Supervisor’s declaration

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- psychological supervision has been provided to the provisional psychologist in accordance with the requirements of the Policy on working in addition to placements
- based on my direct observation of the provisional psychologist’s practice and my supervision of their practice, I am satisfied that the provisional psychologist’s practice is safe and ethical and the services they provide are of an appropriate quality, and
- the information in this report is true and correct.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Name of supervisor

Signature of supervisor

Date: D/M/Y

Name of provisional psychologist

Signature of provisional psychologist

Date: D/M/Y

Please post this form to:

AHPPRA
GPO Box 9958
IN YOUR CAPITAL CITY (refer below)
You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

<table>
<thead>
<tr>
<th>City</th>
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