



Progress report form

For supervisors of provisional psychologists working in addition to university placements

Profession: **Psychology**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

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. The first reporting period commences on the date that the Board approves the application to undertake the placement (Form *AWOP-76 – Application for working in addition to university placements for provisional psychologists*). 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

/ / to / /

SECTION B: Provisional psychologist's and supervisor's details

2. What are the provisional psychologist's details?



To work in addition to university placements, you **must** be currently enrolled in an accredited higher degree.

Title* MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

Previous names known by (e.g. maiden name)

Registration number

Title of course/degree

Name of education provider



3. What are the supervisor's details?

Title
 MR MRS MISS MS DR OTHER

Family name

First given name

Middle name(s)

Registration number

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.

Individual supervision hours	Small group supervision hours	TOTAL HOURS
<input type="text" value="SPECIFY"/>	<input type="text" value="SPECIFY"/>	<input type="text" value="SPECIFY"/>

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*?



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

YES

NO

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 psychologists 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 <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of supervisor  SIGN HERE
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Name of provisional psychologist <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of provisional psychologist  SIGN HERE
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Please post this form to:

AHPRA
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

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801