



Progress report

Type: **5+1 internship**

Profession: **Psychology**

This form is to be completed by the principal supervisor, in discussion with the provisional psychologist, at the end of each six month reporting period. In completing this form it is essential that you refer to the *Guidelines for the 5+1 internship program* and the approved internship program plan.

Progress reports signed by the principal supervisor and the provisional psychologist must be submitted to the Psychology Board of Australia (the Board) within 28 days of the end of each six month reporting period. Hours of supervised practice may not be recognised for late reports. Log books only need to be provided if requested by the Board and do not need to be submitted with this form.

A progress report is not required at the end of the internship if the provisional psychologist will submit their *Application for general registration (AGEN-76)* and *Final assessment of competence (PACF-76)* within 28 days after the due date of the six month report.

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

1. What are the provisional psychologist's details?

Name

Registration number

Email

2. What are the supervisor's details?

Principal supervisor's details

Name

Registration number

Email

Secondary supervisor's details

Name

Registration number

Email

SECTION B: Practice, supervision and professional development

3. What is the purpose of this report?

- 6 months progress report
- 12 months progress report
- 18 months progress report
- Other progress report (*indicate number of months below*)
- months

Commencement date of this reporting period

i.e. the date after the last progress report was submitted, or the date the internship started if this is the first progress report.

 / /

Conclusion date of this reporting period

 / /



4. Have there been any changes to the supervision arrangements during this reporting period?

i.e. changes to secondary supervisor arrangements, location of supervisor, amount of supervision provided in person/remotely.

YES

NO

Provide details

5. What are the details of the current approved workplace(s)?

Name of organisation	Hours of work per week

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

	Hours this period	Cumulative hours
Hours of direct client contact (psychological assessment, psychological intervention and/or prevention)		
Hours of client-related activity (excluding supervision and professional development) (e.g. problem formulation, diagnosis, consultation/reporting etc.)		
Hours of Individual supervision – principal supervisor		
Hours of Individual supervision – secondary supervisor(s)		
Hours of group supervision (principal and secondary)		
Hours of other supervision (i.e. asynchronous supervision)		
Hours of professional development		
TOTAL HOURS		

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

	This period	Cumulative
Number of direct observations by the supervisor(s) of the provisional psychologist's training in psychological assessment and diagnosis (minimum 2 sessions every six months)		
Number of direct observations by the supervisor(s) of the provisional psychologist's training in intervention strategies (minimum 2 sessions every six months)		

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

	This period	Cumulative
Number of case reports/studies submitted		
Number of case reports/studies assessed as satisfactory by the Board		



SECTION B: Progress towards developing the eight 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 eight core competencies of the internship program.

1. Knowledge of the discipline

2. Ethical, legal and professional matters

3. Psychological assessment and measurement

4. Intervention strategies

5. Research and evaluation

6. Communication and interpersonal relationships

7. Working with people from diverse groups



8. Practice across the lifespan

[Empty text box for practice across the lifespan]

Supervisor's general comments on progress

May include any outstanding achievements, any particular problems or limitations, any other aspects of this supervision period relevant to the development of the core competencies.

[Empty text box for supervisor's general comments on progress]

Provisional psychologist's general comments on progress

[Empty text box for provisional psychologist's general comments on progress]

SECTION C: Principal supervisor's 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 principal supervisor	Signature of principal supervisor
<input type="text"/>	
Date	
<input type="text"/>	

Name of provisional psychologist	Signature of provisional psychologist
<input type="text"/>	
Date	
<input type="text"/>	

Please post this form with payment and required attachments 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

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| Adelaide SA 5001 | Perth WA 6001 | Hobart TAS 7001 | Darwin NT 0801 |