



Logbook: Record of professional practice

Type: **5+1 provisional psychologists**

Profession: **Psychology**

Provisional psychologists are required to maintain a record of professional practice for the duration of their internship program.

This record must be sighted and signed by the supervisor regularly (usually weekly) and when:

- reviewing the supervision plan, and
- preparing a progress report or change of principal supervisor form.

The Psychology Board of Australia (the Board) may request this record at any time. If requested, it must be submitted to the Board within 14 days. This record does not need to be attached to progress reports or final assessment reports.

Information and definitions

CLIENT CONTACT

Client contact is defined as the performance of the specific tasks of psychological assessment, diagnosis, intervention, prevention, treatment, consultation, and provision of advice and strategies directly with clients under the guidance of the supervisor.

CLIENT-RELATED ACTIVITY

Client-related activity is defined as those activities considered necessary to provide a high standard of service to clients and to support the provisional psychologist's achievement of the core competencies. The supervisor provides guidance on what client-related activities are relevant, taking into account the individual provisional psychologist's development needs and their unique work role context, and include reading and researching to assist problem formulation and diagnosis, case consultation with colleagues, and formal and informal reporting.

Provisional psychologist name

Registration number

P	S	Y																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Week beginning



Please note that all work roles must be approved by the Board prior to counting any time or training towards the supervised practice program. This form is also available in Excel format at www.psychologyboard.gov.au/Registration/Forms.

SECTION A: Weekly record of professional practice

Session	Psychological practice: Client contact	Duration	Psychological practice: Client-related activity	Duration	Reflections on experience
Provide details of: • place of practice • client ID, and • presenting issue(s).	Provide details of: • date of activity, and • psychological assessment and/or intervention/prevention/evaluation.	Hours	Provide details of: • date of activity, and • problem formulation, diagnosis, treatment planning/modification, reporting/consultation	Hours	Comments

Session	Psychological practice: Client contact	Duration	Psychological practice: Client-related activity	Duration	Reflections on experience
Provide details of: • place of practice • client ID, and • presenting issue(s).	Provide details of: • date of activity, and • psychological assessment and/or intervention/prevention/evaluation.	Hours	Provide details of: • date of activity, and • problem formulation, diagnosis, treatment planning/modification, reporting/consultation	Hours	Comments

Session	Psychological practice: Client contact	Duration	Psychological practice: Client-related activity	Duration	Reflections on experience
Provide details of: • place of practice • client ID, and • presenting issue(s).	Provide details of: • date of activity, and • psychological assessment and/or intervention/prevention/evaluation.	Hours	Provide details of: • date of activity, and • problem formulation, diagnosis, treatment planning/modification, reporting/consultation	Hours	Comments

Session	Psychological practice: Client contact	Duration	Psychological practice: Client-related activity	Duration	Reflections on experience
Provide details of: • place of practice • client ID, and • presenting issue(s).	Provide details of: • date of activity, and • psychological assessment and/or intervention/prevention/evaluation.	Hours	Provide details of: • date of activity, and • problem formulation, diagnosis, treatment planning/modification, reporting/consultation	Hours	Comments

Session	Psychological practice: Client contact	Duration	Psychological practice: Client-related activity	Duration	Reflections on experience
Provide details of: <ul style="list-style-type: none"> place of practice client ID, and presenting issue(s). 	Provide details of: <ul style="list-style-type: none"> date of activity, and psychological assessment and/or intervention/prevention/evaluation. 	Hours	Provide details of: <ul style="list-style-type: none"> date of activity, and problem formulation, diagnosis, treatment planning/modification, reporting/consultation 	Hours	Comments

	Direct client contact	Client-related activity	Total psychological practice (hours)
Weekly total	hours	hours	hours
Cumulative total	hours	hours	hours

SECTION B: Record of professional development

Professional development (PD) is the means by which provisional psychologists maintain, improve and broaden their knowledge, gain competence, and develop the personal qualities required in their professional practice. Professional development activities can include attending lectures, seminars, symposia, presentations, workshops, short courses, conferences, and learning by reading and using audiovisual material, including readings and PD activities undertaken to prepare for the national psychology examination, and other self directed learning. Active PD refers to activities that engage the participant and reinforce learning through written or oral activities designed to enhance and test learning. The active component may already be part of the PD activity or the supervisor may set tasks to reinforce learning.

The supervisor should approve all PD activities to ensure they address the provisional psychologist's learning goals and practice requirements, and they relate to the core competencies of the internship. The provisional psychologist should update this list as required and provide this record to their supervisor for review at each supervision meeting or as required and discuss the PD outcomes with their supervisor. The supervisor should initial each activity on this record to confirm it has been reviewed and discussed.

Date of activity	Type of activity	Active PD?	Activity details	Specify core competency area(s)	Specific topics covered	Duration	Supervisor initials
	E.g. workshop, reading, seminar, conference etc		E.g. name of course, presenter, institution etc	E.g. intervention strategies, practice across the lifespan etc	E.g. behavioural interventions for ADHD in adolescents	Hours/mins	
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					

Date of activity	Type of activity E.g. workshop, reading, seminar, conference etc	Active PD?	Activity details E.g. name of course, presenter, institution etc	Specify core competency area(s) E.g. intervention strategies, practice across the lifespan etc	Specific topics covered E.g. behavioural interventions for ADHD in adolescents	Duration Hours/mins	Supervisor initials
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					

Date of activity	Type of activity E.g. workshop, reading, seminar, conference etc	Active PD?	Activity details E.g. name of course, presenter, institution etc	Specify core competency area(s) E.g. intervention strategies, practice across the lifespan etc	Specific topics covered E.g. behavioural interventions for ADHD in adolescents	Duration Hours/mins	Supervisor initials
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					

Date of activity	Type of activity E.g. workshop, reading, seminar, conference etc	Active PD? <input type="checkbox"/> YES <input type="checkbox"/> NO	Activity details E.g. name of course, presenter, institution etc	Specify core competency area(s) E.g. intervention strategies, practice across the lifespan etc	Specific topics covered E.g. behavioural interventions for ADHD in adolescents	Duration Hours/mins	Supervisor initials
		<input type="checkbox"/> YES <input type="checkbox"/> NO					
		<input type="checkbox"/> YES <input type="checkbox"/> NO					

Total hours

Cumulative hours

Note: Verification of PD (e.g. receipts, flyers, citations, certificates of attendance, PD journal, workshop notes and copies of PD records) should be kept by the provisional psychologist in a PD portfolio and maintained for the duration of the internship. The Board may request submission of the portfolio for audit at any time during the internship.

Name of provisional psychologist

Date

Signature of provisional psychologist



SIGN HERE

SECTION C: Record of supervision

The provisional psychologist should record an entry in this record of supervision following each supervision meeting, or in time to be tabled at the next supervision meeting. Each entry should be initialled by the supervisor who provided the supervision.

Supervision for the 5+1 internship must:

- total at least 80 hours over the course of the internship
- include at least 50 hours of direct, individual supervision provided by the principal supervisor
- be provided at a ratio of 1 hour of supervision for every 17 hours of internship
- be provided frequently for the full duration of the internship (usually weekly)
- be primarily direct (real time verbal) supervision using a visual medium - either in person or via video-conference etc; no more than 20 hours may be via telephone and no more than 10 hours may be asynchronous (i.e. written feedback)
- be primarily accrued in sessions of 1 hour or more; no more than 10 hours of shorter supervision sessions may be claimed

Date of supervision	Name of supervisor	Principal or secondary?	Individual, group or other	Summary of supervision	Duration	Supervisor initials
				E.g. brief summary of matters discussed, outcomes/plans for follow up activities and discussions	Hours/mins	
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			

Date of supervision	Name of supervisor	Principal or secondary?	Individual, group or other	Summary of supervision	Duration	Supervisor initials
				E.g. brief summary of matters discussed, outcomes/plans for follow up activities and discussions	Hours/mins	
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			

Date of supervision	Name of supervisor	Principal or secondary?	Individual, group or other	Summary of supervision	Duration	Supervisor initials
				E.g. brief summary of matters discussed, outcomes/plans for follow up activities and discussions	Hours/mins	
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			

Date of supervision	Name of supervisor	Principal or secondary?	Individual, group or other	Summary of supervision	Duration	Supervisor initials
				E.g. brief summary of matters discussed, outcomes/plans for follow up activities and discussions	Hours/mins	
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			
		<input type="checkbox"/> Principal <input type="checkbox"/> Secondary	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Other			

Total hours

Cumulative hours

Name of provisional psychologist

Date

 / /

Signature of provisional psychologist


SIGN HERE

SECTION D: Signatures

Name of provisional psychologist

Date

 / /

Signature of provisional psychologist

 SIGN HERE

Name of principal supervisor

Date

 / /

Signature of principal supervisor

 SIGN HERE