



Change of principal supervisor

Type: **4+2 internship program or 5+1 internship**

Profession: **Psychology**

This form is to be completed when a provisional psychologist undertaking an approved internship is changing their principal supervisor. This form needs to be completed by both the incoming and outgoing principal supervisors in conjunction with the provisional psychologist.

When completing this form the supervisor and provisional psychologist should refer to the *Guidelines for the 5+1 Internship Program* or the *Guidelines for the 4+2 internship program*.

Change of principal supervisor forms must be submitted to the Board within 28 days of the cessation of the supervisory arrangement. Hours of supervised practice may not be recognised if this form is not submitted within the required timeframe.

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 outgoing and incoming supervisor's details?

Outgoing principal supervisor's details

Name

Registration number Email

Incoming principal supervisor's details

Name

Registration number Email

3. Is this supervisor a Board-approved principal supervisor for the internship programs?

YES NO

4. What is the reason for the change of principal supervisor?

Provide details

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SECTION B: Practice, supervision and professional development

5. What is the commencement date of this reporting period?

The period since the last progress report (or the date the internship started if no progress report has been submitted yet) until the date that the outgoing principal supervisor ceased to be the supervisor.

Commencement date of this reporting period

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Conclusion date of this reporting period

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

Name of organisation	Hours of work per week

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

For hours of individual and group supervision include total hours for all supervision activities in each category, including direct observation, telephone and indirect supervision.

	Hours this period	Cumulative hours
Hours of direct client contact (as defined in the guidelines)		
Hours of client-related activity (as defined in the guidelines)		
Hours of individual supervision – principal supervisor		
Hours of individual supervision – secondary supervisor(s)		
Hours of group supervision		
Hours of professional development		
TOTAL HOURS		

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

Number of direct observation sessions of the provisional psychologist providing psychological assessment or diagnosis services to real clients (minimum two sessions every six months)	
Number of direct observation sessions of the provisional psychological providing psychological intervention services to real clients (minimum two sessions every six months)	

9. How many hours of telephone supervision or indirect supervision did the provisional psychologist complete?

	This period	Cumulative
Hours of telephone supervision		
Hours of indirect supervision (e.g. written feedback)		

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

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



SECTION C: 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 rectangular box for practice across the lifespan]

SECTION D: Outgoing principal supervisor 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 outgoing principal supervisor <input type="text"/>	Signature of outgoing principal supervisor  SIGN HERE
Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	


SECTION E: Incoming principal supervisor declaration

I declare that I:

- have read this report and am aware of the provisional psychologist's progress in the internship to date.
- am willing to continue under the current internship program plan (no need to submit a new plan), **OR**
- will be working with this provisional psychologist under a new internship program plan (submitted along with this form).

Name of incoming principal supervisor <input type="text"/>	Signature of incoming principal supervisor  SIGN HERE
Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

Name of provisional psychologist <input type="text"/>	Signature of provisional psychologist  SIGN HERE
Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

 **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

