

PPSR-76



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



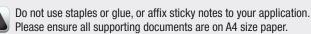
Provides specific information about a question or section of the form.

Signature required
Requests appropriate

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: X
- DO NOT send original documents.



SECTION A: Reporting period

1. What are the dates of the reporting period?

Dates
DDD / MM / YYYY to DD / MM / YYYY

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* Family	MR 🔀 name	MRS 🔀	MISS 🔀	MS 🔀	DR 📐	OTHER	SPECIFY	
First gi	ven name							
Middle	name(s)							
Previou	Previous names known by (e.g. maiden name)							
Registr	ration numb	ber						
P S	Y							
Title of	course/de	gree		· · · · · · · · · · · · · · · · · · ·				
Name o	of education	n provider						

3. What are the supervisor's details?

Title MR 🔀	MRS 🔀	MISS 🔀 MS 🔀	DR 🔀	OTHER	SPECIFY	
Family nar	me					
First given	name					
Middle na	me(s)					
Registratio	on number					
P S Y	1					

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

Position title				
Employer				
Site/building and/or position/department (if applicable	3)			
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			
SPECIFY	SPECIFY			

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	
SPECIFY	SPECIFY	SPECIFY	

NO

6. During the reporting period have you or another Boardapproved supervisor directly observed the provisional psychologist's practice in at least two client sessions?

YES 🔀

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-NO INTERPORT

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 Date: DDD / MM / YYYY	Signature of supervisor
Name of provisional psychologist Date DD / MM / YYYYY	Signature of provisional psychologist

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