



Internship program plan

Type: **4+2 internship**

Profession: **Psychology**

This form is intended to be used by:

- individuals applying for provisional registration in order to undertake the Psychology Board of Australia (the Board) 4+2 internship program, or
- current registered provisional psychologists undertaking the 4+2 program who wish to seek approval for an alternate/additional work role for the internship.

The 4+2 internship program plan is an agreement between the supervisors, the provisional psychologist and the Board. For this reason the plan needs to be detailed, individualised and well thought out.

This form must be completed by the applicant for provisional registration in consultation with the proposed principal and secondary supervisors.

The internship program plan sets out how the proposed psychological practice, supervision, and professional development will enable the provisional psychologist to attain all the core competencies of the internship program and how the supervisors will contribute to this process.

All provisional psychologists must conduct their internship program in accordance with a written plan that has been agreed to by the provisional psychologist and supervisors and approved by the Board. The provisional psychologist's employer/workplace manager should review and confirm their agreement with the internship plan (if applicable).

Provisional psychologists must have an approved internship program plan in place at all times while undertaking the internship program. The principal supervisor is responsible for ensuring that the plan is followed.

The internship program plan must be reviewed by the principal supervisor and provisional psychologists at least once every six months when preparing a progress report in order to ensure that the provisional psychologist is meeting the training objectives of each of the eight core competencies and at any other time as required.

Supervisors and supervisees are advised to refer to the Board's *Guidelines for the 4+2 internship program* which provides a comprehensive guide to the responsibilities of all parties to the internship program plan, and the Board's administrative requirements relating to this plan.

1. What is your name?

Family name

First given name

2. What is the reason you are submitting this form?

I am applying for approval to:

- begin an internship
- change a work role for an internship I am already undertaking
(enter your provisional registration number)
- add another work role to an internship I am already undertaking
(enter your provisional registration number)

Registration number

P	S	Y																	
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Registration number

P	S	Y																	
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SECTION A: Supervisory relationship

3. Who is your principal supervisor?

Name

Registration number

P	S	Y																	
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4. Who is your secondary supervisor(s)?

You must have at least one secondary supervisor and you may have more than one.

Name

Registration number

P	S	Y																	
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Name

Registration number

P	S	Y																	
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Please attach details of extra secondary supervisors on a sheet of paper if they do not fit in the space provided.

SECTION B: Proposed psychological work role(s)

5. What are the details of your proposed work role(s)?

Please provide details of each proposed work role. Please note that psychological practice refers to client contact and client related activity as defined in the *Guidelines for the 4+2 internship program*.

Please ensure that an official position description on the employer's letterhead is attached for each position. The position description must include position, title, reporting requirements, responsibilities, tasks and activities to be undertaken, and hours of work. Position descriptions must be signed by the principal supervisor or employer (i.e. HR manager, line manager, business owner) to verify the attached position description is correct.

Proposed position 1

Organisation name

Psychological practice

hours per week

Position title

Total

hours per week

Start date

Proposed position 2

Organisation name

Psychological practice

hours per week

Position title

Total

hours per week

Start date

Please attach a separate sheet if additional positions do not fit in the space provided.

6. What are the details of any previously approved work roles that you intend to continue to work in?

Please provide details of each continuing work role.

Position 1

Organisation name

Psychological practice

hours per week

Position title

Total

hours per week

Position 2

Organisation name

Psychological practice

hours per week

Position title

Total

hours per week

Please attach a separate sheet if additional positions do not fit in the space provided.

SECTION C: Internship arrangements**7. Psychological practice agreement**

You are required to indicate that you understand and agree to the psychological practice requirements of the internship program by ticking the statements below. You are also required to sign the declaration at the end of this form. Your supervisors are also required to indicate their agreement by signing the declaration at the end of this form.

Psychological practice refers to client contact and client related activity.

The starting date of your internship is the date the Board approves provisional registration or another date after that time agreed to by the Board.

- My work role(s) will enable me to complete a minimum of 14 hours of psychological practice per week (excluding periods of leave).
- My work role(s) will enable me to complete 2800 hours of psychological practice, including 970 hours of real client contact within five years from the date the Board approves my internship.
- I will only count psychological practice in Board-approved positions towards the requirements for general registration.
- I will submit any substantial changes to my employment/placements for my internship for approval by the Board in form of a revised internship program plan accompanied by the official position descriptions.

8. Professional development agreement

You are required to indicate that you understand and agree to the professional development requirements of the internship program by ticking the statements below. You are also required to sign the declaration at the end of this form. Your supervisors are also required to indicate their agreement by signing the declaration at the end of this form.

- I will undertake a minimum of 120 hours of professional development activities that directly contribute to my achievement of the eight core competencies over the course of the internship program.
- I understand that my supervisor must approve all professional development activities to be counted as part of my internship and sign off each activity in my professional activity log.
- I will review my professional development plan every six months in consultation with my supervisor and update it as required.

9. Supervision agreement

You are required to indicate that you understand and agree to the supervision requirements of the internship program by ticking the statements below. You are also required to sign the declaration at the end of this form. Your supervisors are also required to indicate their agreement by signing the declaration at the end of this form.

- I will receive a minimum of 160 hours of psychological supervision in my internship provided by Board-approved supervisors.

- My principal supervisor will provide at least 80 hours of my psychological supervision.
- At least 100 hours of my psychological supervision will be individual (direct one-on-one) supervision.
- I understand that I can only count psychological supervision that is provided by a Board-approved supervisor towards the supervision requirements for general registration.
- I understand that I must receive professional supervision frequently throughout the internship at a ratio of one hour of supervision for every 17.5 hours of practice.
- I understand that no more than 40 hours of my supervision may be completed via telephone, the rest must be face-to-face (in person, videoconference etc)
- I understand that my supervision must be predominantly one hour per session and that no more than 40 hours may be claimed for shorter supervision sessions.
- I understand that if I change my principal supervisor, the change must be approved by the Board.

My principal supervisor will be:

- Onsite in the same location as my main work role
- Offsite

Estimated completion date of internship

Please attach details of your supervisory arrangements including:

- who will be responsible for day to day oversight and supervision (line manager etc)
- who will be available to provide professional guidance to the provisional psychologist as required (e.g. supervisor via phone or another psychologist onsite)
- confirmation that the employer understands and agrees to the requirements of the internship and that all parties have agreed to arrangements for handling privacy and confidentiality matters and any conflicts with workplace/employer policies.

This must be signed by the intern, the principal supervisor and the employer/workplace manager.

SECTION D: Core competencies

This section should focus on how your internship, including professional practice, simulated learning activities, supervision, professional development activities and preparation for the national psychology examination will enable you to develop and achieve the eight core competencies required for general registration. You should refer to the guidelines for information on each competency including assessment tasks.

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 in a cross-cultural context

8. Practice across the lifespan

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SECTION E: Declarations

Provisional psychologist's declaration

- I have read and agree with the internship program plan and accept the conditions of this agreement.
- I agree to abide by the requirements for a provisional psychologist under the internship program approved by the Board.
- I have read and agree to uphold the responsibilities of provisional psychologists outlined in the:
 - *Code of ethics*
 - *Guidelines for the 4+2 internship program*
 - *Guidelines for mandatory notifications*

Applicant name

Applicant signature

Date

Supervisors declaration

- I am a Board-approved supervisor for 4+2 internship program.
- I have read, understood and agree to comply with the requirements for supervisors set out in the:
 - *Code of ethics*
 - *Guidelines for the 4+2 internship program*
 - *Guidelines for supervisors and supervisor training providers*
 - *Guidelines for mandatory notification*
- I have the requisite skills and training to supervise the provisional psychologist in this proposed 4+2 internship program.
- I have read and I agree with this internship program plan and accept the conditions of this agreement.
- I accept that I am entrusted with the professional training of the provisional psychologist to enable him/her to become eligible to apply for general registration as a psychologist.
- In my role as a supervisor I will not endorse the provisional psychologist's application for general registration until such time as I believe he or she has achieved all the eight core competencies and has sufficient skills and knowledge to practice safely and ethically as a general psychologist.
- I understand that in signing or co-signing any document written by me or the provisional psychologist for the Board or AHPRA that I accept responsibility for the document's contents.

Principal supervisor name

Principal supervisor signature

Date

Secondary supervisor name

Secondary supervisor signature

Date

Secondary supervisor name

Secondary supervisor signature

Date

Logbook: Record of professional practice

Type: **4+2 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 at least weekly if working full time and at least fortnightly if working part-time), and when:

- reviewing or amending the supervision plan (SPPR-76)
- preparing a progress report (PPPR-76), and
- preparing a change of principal supervisor form (CHPS-76).

This

record must be submitted to the Psychology Board of Australia (the Board) within 14 days if requested by the Board at any time.

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 activities are 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 client-related activities are relevant, taking into account the individual provisional psychologist's development needs and their unique work context, and include reading and researching to assist problem formulation and diagnosis, case consultation with colleagues, and formal and informal reporting.

Provisional psychologist name	<input type="text"/>
Registration number	PSY <input type="text"/>
Week beginning	<input type="text"/>

Please note that all work roles must be approved by the Board prior to counting any time or training towards the supervised practice program.

SECTION B: Record of professional development

Note: professional development may include: attendance at lectures, seminars, symposia, presentations, workshops, short courses, conferences. and learning by reading, researching, and using audio-visual material. It may also include reading and other activities undertaken to prepare for the National Psychology Examination. Professional development activities must be approved by the principal supervisor before they can be recognised as part of the internship program.

Date of activity	Type of activity	Activity details	Specify which of the 8 core competency area/s	Specific topics covered	Duration	Supervisor initials
	(Workshop, reading, seminar 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	

Date of activity	Type of activity	Activity details	Specify core competency area/s	Specific topics covered	Duration	Supervisor initials
	(Workshop, reading, seminar 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	
Please insert additional rows as required					Total hours	0
					Cumulative hours	

Provisional psychologists are required to maintain this record of professional development for the duration of their internship program. This record must be sighted and signed by the supervisor at least monthly, and when reviewing the supervision plan (SPPR-76) and when preparing a progress report (PPPR-76). 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 and record of professional development for review at any time during the internship.

SECTION C: Record of supervision

An entry into this record of supervision must be made by the provisional psychologist following each supervision session, or in time to be tabled at the next supervision meeting. Each entry should be signed by the provisional psychologist and the supervisor who provided the supervision.

Supervision for the 4+2 internship must:

- be provided at a ratio of 1 hour of supervision for every 17.5 hours of internship
- total at least 160 hours over the course of the internship
- be individual (one-one-one) supervision for at least 100 hours of the total supervision for the internship
- occur frequently for the full duration of the internship (usually weekly)
- be primarily direct face-to-face supervision (real time verbal and visual communication i.e. in person, or via videoconference, Skype etc.) with no more than 40 hours of supervision being via telephone and no more than 10 hours may be indirect (written feedback etc)
- be primarily accrued in sessions of one hour or more - with no more than 40 hours claimed for shorter supervision sessions.

If the Board becomes aware that supervision has not occurred at the required frequency, it will request an explanation and either ask the intern to make up the required hours in the next period, or inform the intern that the period of supervised practice cannot be counted towards the internship.

Date of supervision:	<input type="text"/>	Name of supervisor:	<input type="text"/>	Duration (hours/mins):	<input type="text"/>
Principal or secondary (P/S):	<input type="text"/>	Individual or group (I/G):	<input type="text"/>	Delivery (in person, webcam, telephone etc.):	<input type="text"/>

Professional practice issues brought to supervision for discussion:

Brief record of content of discussion:

Plans for follow-up activities and/or discussion:
Plans for further development of knowledge and skills relevant to the competencies:

Hours/minutes this session: <input type="text"/>	Cumulative supervision hours: <input type="text"/>
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Signatures

The information contained in this record of supervision is true and correct.

Provisional psychologist's name	<input type="text"/>
Provisional psychologist signature	<input type="text"/>
Provisional psychologist Date	<input type="text"/>
Supervisor's name	<input type="text"/>
Supervisor's signature	<input type="text"/>
Supervisor's Date	<input type="text"/>

SECTION C: Record of supervision							
Provisional psychologist's name: Sally Jones				Registration number: PSY0123456789			
Date	Supervisor	Principal/ secondary	Individual/ Group/Other	Delivery method	Summary of discussion, outcomes, follow up actions and relection	Duration (hours)	Supervisor initials
21/05/2014	Jane Thompson (JT)	P	I	Videoconf	Professional practice issues. Mandatory reporting legislation.	1	
26/05/2014	JT	P	I	In person	Direct observation of assessment session and post session	1	
30/05/2014	JT	P	I	Phone	Advice on a client issue. JT to send some info on techniques we	0.5	
2/06/2014	JT	P	I	In person	Discussed outcomes of PD workshop on CBT for GAD and how to	1	
10/06/2014	John MacDonald (JM)	S	G	In person	Report writing for family court. Legal obligations	1	

Date	Supervisor	Principal/ secondary	Individual/ Group/Other	Delivery method	Summary of discussion and follow up actions	Duration (hours)	Supervisor initials

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Date	Supervisor	Principal/ secondary	Individual/ Group/Other	Delivery method	Summary of discussion and follow up actions	Duration (hours)	Supervisor initials

Signatures

The information in this record of supervision is true and correct.

Principal supervisor's name

Principal supervisor signature

Date

Provisional psychologist's name

Provisional psychologist's signature

Date



Progress report

Type: **4+2 internship program**

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 4+2 internship program* and the approved internship program plan.

Progress reports signed by the principal supervisor and the provisional psychologist and 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.

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 -PPAC-76* within 28 days after the due date of the six month report.

Provisional psychologist's details

Name Registration number

P	S	Y																	
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Email

Principal supervisor's details

Name Registration number

P	S	Y																	
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Email

Secondary supervisor's details

Name Registration number

P	S	Y																	
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SECTION A: Practice, supervision and professional development

1. What is the purpose of this report?

- 6 month progress report
- 12 month progress report
- 18 month progress report
- 24 months progress report
- Other progress report - number of months:

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Commencement date of 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 reporting period

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

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

- No
- Yes - please provide details:

3. What are the details of the current approved workplace/s?

Name of organisation	Hours of work per week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

a) Hours of direct client contact psychological assessment, psychological intervention/prevention

- Real clients
- Simulated clients

b) Hours of client-related activity reading and reading to assist problem formulation, diagnosis, case consultation, reporting etc

- Include any simulated client related activity.
- Do not include supervision or professional development activities.

c) Hours of supervision

Include all supervision hours including direct observation, short supervision sessions and phone supervision here as well as broken down below.

- Principal supervisor – individual supervision
- Secondary supervisor/s – individual supervision
- Group supervision (principal or secondary)

d) Hours of professional development

This period	Cumulative
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL HOURS	<input type="text"/>

Direct observation of the provisional psychologist by a supervisor
(real client sessions only, this reporting period only)

Assessment sessions

Intervention sessions

No. of sessions	Total hours/mins
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Telephone supervision hours

Short supervision hours

Indirect supervision hours

This period	Cumulative
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. How many case reports have been satisfactorily completed and reviewed by the principal supervisor?

Minimum of 8 required to be completed over the course of the internship.

This period	Cumulative
<input type="text"/>	<input type="text"/>

6. How many case reports have been submitted to the Board and accepted as satisfactory?

Minimum of 4 required to be submitted and passed over the course of the internship.

This period	Cumulative
<input type="text"/>	<input type="text"/>

7. Progress towards developing the eight core competencies

Supervisor's comments on the provisional psychologist's progress towards achieving competency in each of the eight competencies of the internship program.

Knowledge of the discipline

Ethical, legal and professional matters

Psychological assessment and measurement

Intervention strategies

Research and evaluation

Communication and interpersonal relationships

Working within a cross-cultural context

Practice across the lifespan

Supervisor's general comments on progress

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

Provisional psychologist's general comments on progress

SECTION B: Signatures

I, [name of principal supervisor]

declare that the information contained in the attached supervision report about the work of

[name of provisional psychologist]

is true and correct.

Principal supervisor signature

Date

Provisional psychologist signature

Date

DRAFT



Change of principal supervisor

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

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.

Provisional psychologist's details

Name Registration number

P	S	Y																	
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Email

Outgoing principal supervisor's details

Name Registration number

P	S	Y																	
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Email

Incoming principal supervisor's details

Name Registration number

P	S	Y																	
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Is this supervisor a Board-approved principal supervisor for the internship program?

Yes No

What is the reason for the change of principal supervisor?

SECTION A: Practice, supervision and professional development

1. Commencement date of 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 reporting period

Conclusion date of reporting period

2. What are the details of the current approved workplace/s?

Name of organisation	Hours of work per week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

	This period	Cumulative
a) Hours of direct client contact (as defined in the guidelines)	<input type="text"/>	<input type="text"/>
b) Hours of client-related activity (as defined in the guidelines)	<input type="text"/>	<input type="text"/>
c) Hours of supervision: Please include total supervision hours for each of principal individual, secondary individual and group. Include all relevant supervision hours under each category including direct observation hours, remote supervision (e.g. via videoconference, telephone etc.), and indirect supervision (written feedback etc.) in these totals as well as broken down at question 4 below.		
• Principal supervisor – individual supervision	<input type="text"/>	<input type="text"/>
• Secondary supervisor/s – individual supervision	<input type="text"/>	<input type="text"/>
• Group supervision	<input type="text"/>	<input type="text"/>
d) Hours of professional development	<input type="text"/>	<input type="text"/>
TOTAL HOURS	<input type="text"/>	<input type="text"/>

4. Further details regarding supervision

4.1 Number of direct observation sessions by the supervisor of the provisional psychologist's training in psychological assessment and diagnosis (minimum 2 sessions every six months)

4.2 Number of direct observation sessions by the supervisor of the provisional psychologist's training in intervention strategies (minimum 2 sessions every six months)

	This period	Cumulative
4.3 Number of hours of telephone supervision	<input type="text"/>	<input type="text"/>

5. Case reports

5.1 How many case reports have been submitted to the Board?

5.2 How many case reports have been 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. Please do not submit handwritten reports as they will not be accepted.

Comment on the provisional provisional psychologist's progress towards achieving competency in each of the eight 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 within a cross-cultural context

8. Practice across the lifespan

SECTION C: Declarations

I, [name of **outgoing** principal supervisor]

declare that the information contained in the attached supervision report about the work of

[name of provisional psychologist]

is true and correct.

Outgoing principal supervisor signature**Date**I, [name of **incoming** principal supervisor]

declare that:

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

Incoming principal supervisor signature**Date****Provisional psychologist signature****Date**



Case report submission form

Type: **Internship**

Profession: **Psychology**

This form is to be used by provisional psychologists undertaking a 4+2 or 5+1 internship program as a cover sheet for submitting case reports to the Psychology Board of Australia (the Board).

The case report development process must be supervised by a Board-approved supervisor. The supervisor must review and provide evaluative feedback to the provisional psychologist throughout the case report process and before the final case report is submitted to the Board.

If case report review and evaluative feedback is delegated to a secondary supervisor the principal supervisor must still review the case report and sign this cover sheet before the provisional psychologist submits it to the Board for final review.

If you are submitting more than one case report at the same time, each case report must have a completed CSSF-76 attached to the front.

Case reports that have been submitted to the Board are not returned; please ensure you keep a copy for your records.

Case reports must meet the criteria set out in the Board's guidelines for the relevant internship program which can be obtained from the Board's website www.psychologyboard.gov.au

Provisional psychologist's details

Name Registration number

P	S	Y																	
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Email

Which provisional registration pathway are you undertaking?

- 4+2 internship
 5+1 internship

Principal supervisor's details

Name Registration number

P	S	Y																	
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Email

Case report details

Word count (compulsory)

The case report word limit is 2500 words. Case reports that exceed the word limit by more than ten percent will not be accepted.

What type of case report is this?

- Assessment case report
 Intervention case report

How many case reports have you previously submitted to the Board for assessment in your current internship?

How many case reports have been assessed as satisfactory and returned to you in your current internship?

Attach your case report submission checklist that has been completed and signed by the principal supervisor and the provisional psychologist.

Provisional psychologist declaration

I declare that the attached case report is my own work and is a true record of a real client and describes what actually happened.
 I have completed the attached submission checklist together with my principal supervisor.
 I understand that I am not permitted to resubmit a case report that has previously been submitted and accepted for review by the Board.
 I have kept a copy of this report for my records.

Provisional psychologist signature

Date

Principal supervisor declaration

I have completed the attached submission checklist together with the provisional psychologist.
 I declare that I have reviewed the attached case report and evaluative feedback has been provided regarding the report and that during the case report development and preparation process the above named provisional psychologist has:

- demonstrated understanding of and adherence to ethical and professional standards
- demonstrated that he/she operates within their scope of competence, referring clients to another health practitioner as necessary and managing potential role conflicts, and
- based the case report entirely on his/her own work with real clients, including the delivery of interventions/assessment.

Principal supervisor signature

Date

**Please post this form with
 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

Sydney NSW 2001
 Adelaide SA 5001

Canberra ACT 2601
 Perth WA 6001

Melbourne VIC 3001
 Hobart TAS 7001

Brisbane QLD 4001
 Darwin NT 0801



Submission checklist for assessment case report

Profession: **Psychology**

To be completed by the principal supervisor and the provisional psychologist. Please attach this submission checklist to the *Case report submission form - CSSF-76*.

Criteria	Confirm included
A. BACKGROUND	
Reason for referral	
• States reasons for the referral, referral source and context of referral.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• States the number of sessions and dates of client contact.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Presenting problem	
• Identifies and describes presenting problems and symptoms (mood, affect, cognition, behaviour) or organisational issues in sufficient detail to support the development of a formulation and diagnosis.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relevant history	
• Includes relevant demographic details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Identifies relevant background information (client or organisation history).	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. ASSESSMENT	
Preliminary assessment of symptoms and risk	
• Includes information regarding client's current symptoms or issues at presentation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Risk factors are discussed or assessed and report states how any identified risks are managed (if indicated).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Observations at interview	
• Describes client's presentation at interview, behavioural observations, demeanour, current mental state.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessment findings	
• Describes assessment methods and any appropriate tests that have been selected for assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Provides a brief rationale for assessment method and tests.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Assessment methods and tests have been used and interpreted appropriately.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Includes a summary of results and correctly integrates this information within the context of the overall assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. ANALYSIS AND DIAGNOSIS	
Formulation	
• Identifies the predisposing vulnerabilities, precipitating (triggers), perpetuating (maintaining) and protective factors.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Develops a case formulation that integrates factors that account for the client's presenting problem or target behaviour.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discussion of evidence based theories	
• Discusses relevant evidence-based theories and models, including how these inform diagnosis, formulation and intervention delivery.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnosis	
• Provides formal diagnosis using standard diagnostic/classification systems relevant to the area of practice (organisational diagnosis must be based on psychological tools and processes).	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Includes discussion about whether symptoms meet all diagnostic criteria using examples from the client's presentation (or organisational diagnosis must be justified); if a diagnostic classification system is used, the intern must demonstrate their ability to establish whether each of the diagnostic criteria for each of these have been met; if a diagnostic classification system is not employed, the intern must indicate which system or framework is being used and justify how the diagnosis has been derived. Yes No
- If a formal diagnosis is not made, provides reason for this decision. Yes No
- Explores differential diagnoses providing reasons for inclusion or exclusion. Yes No

D. RECOMMENDATION

- Suggests possible courses of future evidence-based interventions and plans which are realistic given the experience of the provisional psychologist, the complexity of the issues, and the number of sessions available for treatment. Yes No

E. EVALUATION AND REFLECTION**Evaluation of assessment process**

- Explores differential diagnoses providing reasons for inclusion or exclusion. Yes No

Personal reflection on case report

- Provides a personal reflection on the case, including lessons learnt and how practice might be modified in light of the experience. Yes No

F. REFERENCE LIST

- Reference list provided in APA format, including references to tests used. Yes No

DRAFT



Submission checklist for intervention case report

Profession: **Psychology**

To be completed by the principal supervisor and the provisional psychologist. Please attach this submission checklist to the *Case report submission form - CSSF-76*.

Criteria	Confirm included
A. BACKGROUND	
Reason for referral	
• States reasons for the referral, referral source and context of referral.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• States the number of sessions and dates of client contact.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Presenting problem	
• Identifies and describes presenting problems and symptoms (mood, affect, cognition, behaviour) or organisational issues in sufficient detail to support the development of a formulation and diagnosis.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Relevant history	
• Includes relevant demographic details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Identifies relevant background information (client or organisation history).	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. ASSESSMENT	
Preliminary assessment of symptoms and risk	
• Includes information regarding client's current symptoms or issues at presentation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Risk factors are discussed or assessed and report states how any identified risks are managed (if indicated).	Yes <input type="checkbox"/> No <input type="checkbox"/>
Observations at interview	
• Describes client's presentation at interview, behavioural observations, demeanour, current mental state.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assessment findings	
• Describes assessment methods and any appropriate tests that have been selected for assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Provides a brief rationale for assessment method and tests.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Assessment methods and tests have been used and interpreted appropriately.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Includes a summary of results and correctly integrates this information within the context of the overall assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. ANALYSIS AND DIAGNOSIS	
Formulation	
• Identifies the predisposing vulnerabilities, precipitating (triggers), perpetuating (maintaining) and protective factors.	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Develops a case formulation that integrates factors that account for the client's presenting problem or target behaviour.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discussion of evidence based theories	
• Discusses relevant evidence-based theories and models, including how these inform diagnosis, formulation and intervention delivery.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diagnosis	
• Provides formal diagnosis using standard diagnostic/classification systems relevant to the area of practice (organisational diagnosis must be based on psychological tools and processes).	Yes <input type="checkbox"/> No <input type="checkbox"/>

- Includes discussion about whether symptoms meet all diagnostic criteria using examples from the client's presentation (or organisational diagnosis must be justified); if a diagnostic classification system is used, the intern must demonstrate their ability to establish whether each of the diagnostic criteria for each of these have been met; if a diagnostic classification system is not employed, the intern must indicate which system or framework is being used and justify how the diagnosis has been derived. Yes No
- Explores differential diagnoses providing reasons for inclusion or exclusion. Yes No

D. PLAN AND IMPLEMENTATION

Intervention plan

- Provides a brief outline of a proposed intervention plan showing clear and specific treatment goals; specific intervention strategies that will be used for achieving these goals/targets and plans for managing risk factors if these are indicated. Yes No
- Ensures that plans are clearly linked with the diagnosis and formulation and relevant evidence based theories are discussed. Yes No
- Ensures that the proposed plan is realistic given the experience of the provisional psychologist, the complexity of the issues and the number of sessions available for treatment. Yes No

Implementation of intervention

- Demonstrates that the delivery of the intervention is consistent with the plan. Yes No
- Provides a succinct summary of the intervention process that demonstrates intervention skills in implementing the plan. Yes No
- Provides specific examples of how the intervention was applied to demonstrate the provisional psychologist's skill. Yes No

E. EVALUATION AND REFLECTION

Evaluation of intervention outcome

- Describes methods used to evaluate the effectiveness of the intervention. Yes No
- Evaluates the outcome or effectiveness of the intervention and any specific changes in presenting symptoms, or organisation performance. Yes No

Personal reflection on case report

- Includes a brief discussion of the strengths and weaknesses of the intervention. Yes No
- Provides a personal reflection on the case, including lessons learnt and how practice might be modified in light of the experience. Yes No
- Provides a reflection on the likely prognosis of the client and the need for any follow-up sessions and/or referral to another health professional or service. Yes No

F. REFERENCE LIST

- Reference list provided in APA format, including references to tests used. Yes No



Assessment case report feedback

Profession: **Psychology**

Name of provisional psychologist

Case report number

Date

A. Background

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

B. Assessment

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

C. Analysis and diagnosis

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

D. Recommendation

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

E. Evaluation and reflection

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

F. Reference list

- 5 - Well above level 4 - Above level 3 - Pass level 2 - Below level 1 - Well below level

Comment

Global assessment

- 5 - Well above level 4 - Above level 3 - Pass level 2 - Below level 1 - Well below level

Comment

CASE REPORT ASSESSED AS Satisfactory Unsatisfactory

DRAFT



Intervention case report feedback

Profession: **Psychology**

Name of provisional psychologist

Case report number

Date

A. Background

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

B. Assessment

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

C. Analysis and diagnosis

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

D. Plan and implementation

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

E. Evaluation and reflection

5 - Well above level
 4 - Above level
 3 - Pass level
 2 - Below level
 1 - Well below level

Comment

F. Reference list

5 - Well above level 4 - Above level 3 - Pass level 2 - Below level 1 - Well below level

Comment

Global assessment

5 - Well above level 4 - Above level 3 - Pass level 2 - Below level 1 - Well below level

Comment

CASE REPORT ASSESSED AS Satisfactory Unsatisfactory

DRAFT



Final assessment of competence

Type: **4+2 internship program**

Profession: **Psychology**

The purpose of this form is for the supervisor to confirm to the Psychology Board of Australia (the Board) that the provisional psychologist has attained the core competencies required for general registration.

This form is to be completed by the principal supervisor when he or she is satisfied that the provisional psychologist has successfully completed the 4+2 internship program.

The provisional psychologist must have undertaken the 4+2 Internship Program over a minimum of 88 weeks with **a minimum of 3080 hours of supervised practice**, including:

- 1120 hours of direct client contact
- 160 hours of supervision, and
- 120 hours of professional development.

The provisional psychologist is also required to have passed the National Psychology Examination and had four case reports accepted as satisfactory by the Board before being eligible to apply for general registration as a psychologist.

This form should be submitted to the Board together with an application form for general registration (*Application for general registration as a psychologist – AGEN-76*).

Provisional psychologist's details

Name Registration number

P	S	Y																	
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Principal supervisor's details

Name Registration number

P	S	Y																	
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Secondary supervisor's details

Name Registration number

P	S	Y																	
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Current approved workplace(s)

Previous approved workplace(s)

SECTION A: Hours for the internship

1. SUPERVISION HOURS		From	To
What are the dates of the current reporting period? (that is, the date from the end of your last reporting period until the date of this assessment)		<input type="text"/>	<input type="text"/>
How many hours of the internship has the provisional psychologist completed?		Hours	
1.1	Direct client contact	This period	Total for the internship
	• real clients	<input type="text"/>	<input type="text"/>
	• simulated clients	<input type="text"/>	<input type="text"/>
1.2	Client-related activity	<input type="text"/>	<input type="text"/>
1.3	Hours of supervision (all supervision including telephone, short sessions and hours of direct observation)	This period	Total for the internship
	• Principal supervisor – individual supervision	<input type="text"/>	<input type="text"/>
	• Secondary supervisor/s – individual supervision	<input type="text"/>	<input type="text"/>
	• Group supervision (principal and secondary)	<input type="text"/>	<input type="text"/>
	• Indirect supervision (e.g. written feedback)	<input type="text"/>	<input type="text"/>
1.4	Professional development	<input type="text"/>	<input type="text"/>
TOTAL HOURS		<input type="text"/>	<input type="text"/>

2. DIRECT OBSERVATION		This period	Total for the internship
2.1	Number of direct observation sessions by supervisor of the provisional psychologist training in psychological assessment and diagnosis (minimum 2 sessions every six months)	<input type="text"/>	<input type="text"/>
2.2	Number of direct observations by supervisor of supervisee's training in intervention strategies (minimum 2 sessions every six months)	<input type="text"/>	<input type="text"/>

SECTION B: Assessment tasks

Case reports

The provisional psychologist has submitted to me **eight written case reports** completed according to the requirements set out in the *Guidelines for 4+2 internship programs* that demonstrate a satisfactory level of knowledge and competence.

Supervisor's initials
competency demonstrated

How many case reports have been submitted to the Board?

case reports

How many case reports have been assessed as satisfactory by the Board?

case reports

The provisional psychologist has satisfactorily completed the following assessment tasks:

- Three written or verbal reports on ethical dilemmas (500-1000 words each)
- A written or verbal report addressing self-reflection on a cross-cultural practice issue
- A written or verbal report addressing a practice across the lifespan issue

Supervisor's initials
competency demonstrated

SECTION C: Assessment of the core competencies

COMPETENCE 1: Knowledge of the discipline

The provisional psychologist has demonstrated to me a broad and satisfactory level of knowledge of psychological theories and models, empirical evidence of the theories and models and major methods of psychological inquiry, an understanding of how these theories and models assist with investigating, describing, explaining, predicting and modifying target problems, and competence in the following core subject areas:

- Knowledge of psychological principles, professional ethics and standards
- Theories of individual and systemic functioning and change
- Dysfunctional behaviour
- Psychopathology
- The cultural bases of behaviour and organisation systems

Supervisor's initials
competency demonstrated

COMPETENCE 2: Ethical, legal and professional matters

The provisional psychologist has demonstrated to me a satisfactory level of knowledge and competence in the application of legal, ethical and professional aspects of psychological practice.

Supervisor's initials
competency demonstrated

--

COMPETENCY 3: Psychological assessment and measurement

The provisional psychologist has demonstrated to me a satisfactory level of knowledge and competence in the appropriate use of psychometric tools that enable description, conceptualisation, and prediction of relevant aspects of a client's functioning, behavior and personality (note: clients may be organisations, groups or individuals).

Supervisor's initials
competency demonstrated

--

The provisional psychologist has demonstrated competence in the administration, scoring, and interpretation of the current versions of the following tests with real clients or in realistic simulated learning environments on at least two occasions each:

One test of adult intelligence

Name and version of test

One test of child intelligence

Name and version of test

One specialised test of memory

Name and version of test

Two standardised personality tests**Supervisor's initials**
competency demonstrated

Name and version of test

Name and version of test

Four other tests selected from the national psychology examination curriculum

Name and version of test

Name and version of test

Name and version of test

Name and version of test

COMPETENCE 4: Intervention strategies**Supervisor's initials**
competency demonstrated

The provisional psychologist has demonstrated to me a satisfactory level of knowledge and competence in activities that promote, restore, sustain or enhance cognitive functioning and a sense of well-being in individual or group clients through:

- preventative
- developmental, and/or
- remedial services

and/or in group or organisational clients through restoring or enhancing group and/or organisational functioning.

COMPETENCE 5: Research and evaluation**Supervisor's initials**
competency demonstrated

The provisional psychologist has demonstrated to me a satisfactory level of knowledge and competence in the application of critical analysis to evaluate and apply findings from scientific publications in psychology to working with clients, as well as to evaluate and report on interventions.

COMPETENCE 6: Communication and interpersonal relationships**Supervisor's initials**
competency demonstrated

The provisional psychologist has demonstrated to me the capacity to convey, appraise, and interpret information orally and in writing, and to interact on a professional level with a wide range of client groups and other professionals.

The provisional psychologist has provided me with at least eight different types of written practice documents, e.g. case notes, reports, correspondence, which demonstrate the provisional psychologist's communication is appropriately clear, accurate, coherent, succinct, well organised, well researched, comprehensible and demonstrates an appropriate style.

COMPETENCE 7: Working within a cross-cultural context

The provisional psychologist has demonstrated to me a satisfactory understanding of competencies one to six applied to clients whose backgrounds differ from the provisional psychologist's own, such as people:

- from cultures such as, but not limited to, Aboriginal and Torres Strait Islander people
- from non-English speaking backgrounds
- who differ from the provisional psychologist with respect to age, gender, religious beliefs, sexual orientation, and
- with disabilities.

Supervisor's initials
competency demonstrated

COMPETENCE 8: Practice across the lifespan

The provisional psychologist has demonstrated to me a satisfactory understanding of competencies one to six applied to clients in:

- childhood
- adolescence
- adulthood, and
- late adulthood.

Supervisor's initials
competency demonstrated

SECTION D: Supervisor's signature and statement regarding competence of provisional psychologist

Based on my knowledge of the provisional psychologist's practice and my assessment of the various tasks required for the internship, I am satisfied that the provisional psychologist has met all the eight core competencies and acquired proficiency to a level where they are able to practice independently, competently and ethically as a generally registered psychologist.

Provisional psychologist name

Principal supervisor name

Principal supervisor signature

Date