|  |  |  |  |
| --- | --- | --- | --- |
| **1. Supervisee details** | | | |
|  | First name/s (in full) | Family name |  |
|  |  | |  |
|  | Place of work |  |  |
|  |  | |  |
|  | Clinical experience/work role during the supervision period | |  |
|  |  | |  |
|  | *What area of work was the supervisee involved in during the supervision period?* | |  |
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|  |  |  |  |
| **2. Supervisor Details** | | | |
|  | *Note: the supervisor must be a New Zealand Registered Clinical Psychologist, with a Post Graduate Diploma in Clinical Psychology (or equivalent) and be a member of an approved professional body. The Supervisor must be in supervision themselves and have a commitment to training in supervision.* | |  |
|  | First name/s | Family name |  |
|  |  |  |  |
|  | Contact telephone number | Period of Supervision |  |
|  |  | to |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | How long has the supervisee been registered as a clinical psychologist with the New Zealand Psychologists Board for? | |  |
|  |  | |  |
|  |  |  |  |
|  | The NZPB and the NZCCP recommend a psychologist working full time engages in (at least) fortnightly supervision. The NZCCP have set a minimum requirement for supervision hours to attain Full Membership. The NZCCP also acknowledge that psychologists work across a variety of settings, have differing levels of experience at time of application, may work part time, and their workload may include non-clinical activities. It is acknowledged that psychologists may have more than one supervisor and participate in other formal types of supervision (e.g., peer or group).   |  | | --- | |  |   Number of hours of individual supervision received over the 12-month period.   |  | | --- | |  |   Number of hours of other types of supervision received over the 12-month period.  Types of supervision received – tick all that apply   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Verbal |  | audio/visual |  | observation |  | report review |  |   **Supervisee to Complete**  If you have received less than 20 hours of supervision in total over the 12-month period, please outline in a few sentences what relevant factors NZCCP should be aware of, so that you would meet requirements (e.g., part time, experience level). | |  |
|  |  | |  |
|  | **Supervisor to Complete**  If your supervisee has received less than 20 hours of direct individual supervision in total from you over the 12-month period, please outline in a few sentences what relevant factors NZCCP should be aware of, to approve supervision requirements. | |  |
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| **3. Statements** | | | |
|  | Provide a summary statement of supervisee’s strengths and competencies with specific reference to level of engagement in supervision, cultural awareness, understanding of ethics, clinical knowledge, intervention skills and leadership abilities. | |  |
|  |  | |  |
|  | Provide a statement about supervisee’s safeness to practise autonomously in the Aotearoa/NZ context. | |  |
|  |  | |  |
|  | Provide a comment on the potential areas of development for the supervisee | |  |
|  |  | |  |
|  | Any additional comments | |  |
|  |  | |  |
| **4. Declaration** | | | |
|  | I confirm that I am a NZ registered psychologist, with a Post Graduate Diploma in Clinical Psychology (or equivalent) and that I am a member of a professional body. I am in supervision myself, and I have a commitment to training in supervision. | |  |
|  |  |  |  |
|  | *Signature of Supervisor* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  | 20 |  | | Day | | Month | | Year | | |  |
|  |  |  |  |
|  | This report has been discussed with me | |  |
|  | *Signature of Supervisee* | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  | 20 |  | | Day | | Month | | Year | | |  |
|  |  |  |  |