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| --- |
| **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?*  |  |
|  |  |
|  |  |  |
|  |  |  |  |
| **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? |  |
|  |  Less than three years | More than three years |  |
|  | *The supervisee must provide evidence of having completed at least 20 hours of supervision in a 12 months period from within in a 3 year period.* | *The frequency and form of supervision can be more flexible.* |  |
|  |  |  |  |
|  | Mode of Supervision (tick) |  |  |
|  | Individual Supervision | Peer Supervision | Group Supervision |  |
|  | Hours of Supervision received in the 12 month period |  |
|  | Verbal Report | Audio tape | Video tape | One-way screen | Direct Observation | **Total** |  |
|  |  |  |  |  |  |  |  |
|  |  |  |
| **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* |

|  |  |  |  |  |  |
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|  |  |  |  | 20 |  |
| Day | Month | Year |

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|  |  |  |  |
|  | This report has been discussed with me |  |
|  | *Signature of Supervisee* |

|  |  |  |  |  |  |
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|  |  |  |  | 20 |  |
| Day | Month | Year |

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