

PSYCHOLOGISTS BOARD OF NT

**Supervised Practice Policy and
Guidelines**

FORMS

for

**Conditional Registrants and
Supervisors**

Endorsed May 2004
Review Due May 2009

Revised and Effective as of 5 May 2007

FORMS FOR CONDITIONAL REGISTRANTS AND SUPERVISORS

The forms on the following pages are provided to guide the recording of the Conditional Registrant's progress through the period of the Supervised Practice Plan. These forms remain current until replaced on the Board's website.

Please do not feel obliged to restrict your comments to the space provided on the forms. It is essential that the Conditional Registrant and the Supervisor regularly refer specifically to Section 5.0 of the Supervised Practice Policy – Guidelines for Supervisors and Conditional Registrants document. This will assist both the Conditional Registrant and the Supervisor to ensure that an accurate record of the Conditional Registrant's professional practice requirements is reflected in all reports and to guide supervision meetings, the reviewing of the Supervised Practice Plan and all supervision reports.

An Application for Registration must be accompanied by:

- documentation listed on the application form; and
- the Supervision Contract(s), Approval for Supervisor(s), Supervised Practice Plan and Job Description.

Progress reports are required every six months for continuing conditional registration to practise as a psychologist in the Northern Territory. It is essential that your reports cover the areas of information identified by the forms.

The conditional registrant completes the report under the guidance and support of the primary and secondary supervisors (where there is a secondary supervisor). The report is to be forwarded to the Board within 28 days of completion of the six-month supervision period. Reports submitted later than 20 working days before a scheduled Board meeting may not be addressed at that meeting. However, do not delay in submitting the documents.

The Health Practitioners Licensing Authority (HPLA) is not responsible for administrative support in relation to the preparation and editing of supervised practice reports. Please insert page number on every page and indicate the exact number of pages in each progress report.

The Supervised Practice Policy and Guidelines for Conditional Registrants and Supervisors was reviewed in 2003 and 2007. The Guidelines for Supervisors and Conditional Registrants were endorsed in May 2004 and updated in 2007.

If you require clarification of any component of the Supervised Practice Policy and Guidelines for Conditional Registrants and Supervisors please contact the Psychologists Registration Board, Research and Policy Officer on:

Phone: 08 89994157

Postal: GPO Box 4221 Darwin NT 0801

Email: healthprofessions.ths@nt.gov.au

www.nt.gov.au/health/registrationboards

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

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PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

SUPERVISION CONTRACT GUIDE - PRIMARY SUPERVISOR

The Supervision Contract (the contract) is a formal agreement between the **Conditional Registrant** and the **Primary Supervisor**. A new contract is required for any change of Supervisor during the period of the Conditional Registrant's Supervised Practice Plan. The Conditional Registrant and the Supervisor(s) should retain the **original** of the contract, which have been signed by both parties. The Conditional Registrant must forward to the Psychologists Board of the Northern Territory, a **copy** of the contract, (which must at minimum, address points 1 to 15 below) along with the application for registration and at any other time when seeking approval for a Primary Supervisor.

When completing the Supervision Contract please refer to sections **2.10** and **7.0** of the Supervised Practice Policy and Guidelines.

*** Please note this form is a guide only and details of the points 1 to 15 should be addressed in the contract.**

Candidate's Name: _____

Address: _____

Post Code: _____ Telephone: W _____ H _____ M _____

Email: _____

Employer and Position Held: _____

Nominated Supervisor's Name: _____

Address: _____

Post Code: _____ Telephone: W _____ H _____ M _____

Email: _____

Employer and Position Held: _____

Specifications of the contract should include arrangements for:

1. Date of proposed commencement of Supervision;
2. Meeting times;
3. Cancellation of meetings;
4. Payment of Supervisor;
5. Records to be kept;
6. Availability of Supervisor;
7. Expectations of Supervisor and Conditional Registrant;
8. Rights and responsibilities of both parties;
9. Reporting procedures;
10. Processes for feedback;
11. Protection measures in respect of privacy, confidentiality and personal and financial advantages taken by each against the other if both parties are not in the same place of employment;
12. Special provisions if the Supervised Practice Supervisor and the workplace Supervisor/Manager are one and the same;
13. Agreement with the employer for reasonable necessary access to case records and the premises for required supervision assessment actions by the Supervisor;
14. Reasonable allowances for either party to occasionally change scheduled supervision; and
15. Policies for dealing with confidentiality and other ethical issues.

We the undersigned, certify that the details given above are true and accurate to the best of our knowledge. We have read and understand the Supervised Practice Policy and Guidelines, approved by the Psychologists Board of the Northern Territory. We hereby agree to abide by the conditions specified in the Policy and Guidelines.

The completed contract should be accompanied by the Approval for Primary Supervisor form.

Candidate's Signature: _____ **Supervisor's Signature:** _____

Date: ____/____/20__

____/____/20__

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

APPROVAL FOR "PRIMARY SUPERVISOR"

Please refer to the Board's document 'Supervised Practice Policy – Guidelines for Conditional Registrants and Supervisors' (Section 7.0) when completing this Form. This form must be accompanied by a Contract with the Supervisor nominated below.

Full Name of Candidate: _____

Name of Nominated Primary Supervisor: _____

Academic Qualifications: _____

Brief Resume: (approximately 75 words) (If you prefer you may attach an up to date resume of experience in the practice of psychology)

Supervisor's Psychologist Registration Details:

Are you registered in Northern Territory? **YES** **NO**

Are you registered in another state/territory/country: **YES** **NO**

If 'yes', give State/Territory/Country where registered,
Period of registration and registration number (if known): _____

Number of persons you are currently supervising: Primary: _____ Secondary: _____

Number of conditional registrants to whom you have provided supervision: _____

Areas of Professional Interest or Specialty: (please comment on your specific suitability to supervise this candidate's area(s) of professional practice)

Supervisor to complete this statement:

I, _____ (insert your name) agree to abide by the requirements for Supervisors and I have read and agree to uphold the Responsibilities of Supervisors outlined in Section 7.0 of the Board's document 'Supervised Practice Policy – Guidelines for Conditional Registrants and Supervisors'.

SIGNATURE: _____

DATE: ___/___/ 20___

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

APPROVAL FOR "SECONDARY SUPERVISOR"

Please refer to the Board's document 'Supervised Practice Policy – Guidelines for Conditional Registrants and Supervisors' (Section 7.0) when completing this Form. A separate request for approval is required for each Secondary Supervisor. The application for approval of a secondary supervisor who is not a psychologist must be accompanied by a workplace reference (refer Section 7.0).

Full Name of Candidate: _____

Name of Nominated Secondary Supervisor: _____

Address: _____

Employer and Position Held: _____

Telephone: _____ Fax: _____ Email address: _____

Academic Qualifications: _____

How does the nomination of this Secondary Supervisor enhance supervision?

Brief Resume: (provide maximum of 100 words over page)
(Psychologists may attach an up to date resume of experience in the practice of psychology)

Supervisor's Psychologist Registration Details: (please tick relevant response)

Is the nominated Secondary Supervisor a psychologist? **YES** **NO**

Registered in Northern Territory? **NA** **YES** **NO**

Registered in another state/territory/country **YES** **NO**

If 'yes', give State/Territory/Country where registered,

Period of registration and registration number (if known) _____

Number of persons currently supervising: Primary Supervisor _____ Secondary Supervisor: _____

Number of conditional registrants to which you have provided supervision: _____

Areas of Professional Interest or Specialty: _____

Please ensure the nominated Secondary Supervisor and Primary Supervisor complete these statements. This form should be accompanied by a Supervision Contract.

I, _____ (insert your name) agree to abide by the requirements for Supervisors and I have read and agree to uphold the Responsibilities of Supervisors outlined in Section 7.0 of the Board's document 'Supervised Practice Policy – Guidelines for Conditional Registrants and Supervisors'.

Signature of Nominated Secondary Supervisor: _____ **Date:** ___/___/20__

I _____ note and agree to the nomination of the above named person as Secondary Supervisor for the above named Candidate.

Signature of Primary Supervisor: _____ **Date** ___/___/20__

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SUPERVISION CONTRACT GUIDE– SECONDARY SUPERVISOR

The Supervision Contract (the contract) is a formal agreement between the **Conditional Registrant** and the **Secondary Supervisor**. The Conditional Registrant and the Secondary Supervisor should retain the **originals** of the contract, which have been signed by both parties and the Primary Supervisor. The Conditional Registrant must forward a **copy** of the contract (which must at minimum, address points 1 to 15 below) with the application for registration or at any time when seeking approval of a Secondary Supervisor by the Psychologists Board of the Northern Territory

When completing a Supervision Contract please refer to sections **2.10** and **7.0** of the Supervised Practice Policy and Guidelines.

Please note this form is a guide only and details of the points 1 to 15 should be addressed in the contract.

Candidate’s Name: _____

Address: _____

Post Code: _____ Telephone: W _____ H _____ M _____

Email: _____

Employer: _____

Nominated Supervisor’s Name: _____

Address: _____

Post Code: _____ Email: _____

Telephone: W _____ H _____ M _____

Employer and Position Held: _____

Specifications of the contract should include arrangements for:

1. Date of proposed commencement of Supervision;
2. Meeting times;
3. Cancellation of meetings;
4. Payment of Supervisor;
5. Records to be kept;
6. Availability of Supervisor;
7. Expectations of Supervisor and Conditional Registrant;
8. Rights and responsibilities of both parties;
9. Reporting procedures;
10. Processes for feedback;
11. Protection measures in respect of privacy, confidentiality and personal and financial advantages taken by each against the other if both parties are not in the same place of employment;
12. Special provisions if the Supervised Practice Supervisor and the workplace Supervisor/Manager are one and the same;
13. Agreement with the employer for reasonable necessary access to case records and the premises for required supervision assessment actions by the Supervisor;
14. Reasonable allowances for either party to occasionally change scheduled supervision; and
15. Policies for dealing with confidentiality and other ethical issues.

We the undersigned, certify that the details given above are true and accurate to the best of our knowledge. We have read and understand the Supervised Practice Policy and Guidelines, approved by the Psychologists Board of the Northern Territory. We hereby agree to abide by the conditions specified in the Policy and Guidelines.

Candidate’s Signature: _____ **DATE:** ___/___/20___

Secondary Supervisor’s Signature: _____ **DATE:** ___/___/20___

Primary Supervisor’s Signature: _____ **DATE:** ___/___/20___

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

RECORD OF SUPERVISION

This form is designed to assist **Supervision meetings** between the Supervisor and the Conditional Registrant and as a reference point in the writing of the six monthly progress report in association the Log of Psychological Practice, Professional Development and Supervision. Please refer to Section 5.0 of the Supervision Guidelines when completing this form. Please do not restrict yourselves to the lines provided it may be valuable for you to keep more detailed records, however each of the areas below must be addressed. **This record is to be submitted with the 6 monthly Report.**

Conditional Registrant: _____ **Supervisor:** _____

Session No: _____ Date: / /20 Duration: (hours) _____

Format of Session: (please tick)

Individual face-to-face: _____ Group supervision: _____ Other (please specify) _____

• **Record of supervision session:** (continue on back of this form if required)

• **Competencies Addressed in the Supervision Period:** (Refer: Supervision Guidelines Number 5.0)

Rating Scale: 'A' Addressed 'N' Not Significantly Addressed

Discipline Knowledge	_____	Communication	_____
Psychological Assessment	_____	Ethics, Legal, Professional	_____
Intervention Strategies	_____	Cross Cultural	_____
Research/Evaluation	_____		

Supervisee's Evaluation of Session: (eg: new, refreshed, useful, specific details etc.)

• **Agenda for next session:**

• **Supervision Plan Review:** (where to next in the Plan?)

• **Other Comments from Conditional Registrant:**

• **Other Comments from Supervisor:**

Signature _____ Signature _____
Conditional Registrant Supervisor

All Records of Supervision for the 6 month period are to be submitted with the 6 monthly report. Please copy this Form as required.

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

LOG OF SUPERVISED PRACTICE, PROFESSIONAL DEVELOPMENT AND SUPERVISION

Conditional Registrant's Signature: _____ **Supervisor's Signature:** _____

Period: _____ / _____ /20 _____ **to** _____ / _____ /20

Progress report period: (please tick) **1** (6mth) **2** (12mth) **3** (18mth) **4** (24mth) **Other** (specify) _____

Number of Direct Observations of Practice: _____ (individual sessions not hours)

Week Starting	No of Clients Seen		Psychological Practice Hours (Refer 3.0)			Prof Development (pre-approved Refer 4.6)		Supervision Hours (refer 4.3)			
	I. Individual	G. Groups	Hours Client Contact	All Other Psychological Practice. (please specify)	Hours of Psychological Practice	Activity Type	Hours	Individual P. Primary Supervisor S. Secondary Supervisor		Group P. Primary Supervisor S. Secondary Supervisor	
	I.	G.						P.	S.	P.	S.
Sub Total											
TOTAL											

- This record is to be submitted with the 6 monthly Supervision Records and Supervision Report. Please copy this Form as required.

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

STATEMENT OF INCOMPLETE SUPERVISION

A **Conditional Registrant** must complete this Form and submit it to the Board for approval prior to changing Supervisors or temporarily ceasing undertaking Supervised Practice prior to the completion of their Supervision Plan. The Conditional Registrant and the Supervisor must sign the Form and the original submitted to the Board by the Conditional Registrant. Each area of the document must be addressed. Refer to the Board's document 'Supervised Practice Policy-Guidelines for Conditional Registrants and Supervisors' (Section 6.3 and 7.1). Please note your Conditional Registration only allows you to practise under supervision.

Name of Conditional Registrant: _____

Name of Supervisor: _____

Date of commencement of supervision with this Supervisor: _____

Date of cessation of supervision with this Supervisor: _____

Reasons for cessation of supervision: _____

Plans for recommencement of supervision:

Note. If you intend taking a break from your Supervised Practice please state when you intend to re-commence your Supervised Practice Plan. You will need to notify the Board prior to re-commencement of your practice of the profession and submit a new Supervision Plan and Contact(s) to the Board for approval.

It is a requirement of the Board that you nominate a new Supervisor and draw up a new Supervised Practice Plan within 28 days of cessation of supervision with your previous Supervisor. If you are unable to nominate a new Supervisor and draw up a new Supervised Practice Plan within 28 days of cessation of supervision with your previous Supervisor, you must notify the Board of this, in writing, prior to the expiration of the 28-day time limit.

Name of proposed new Supervisor: (if available) _____

*** Application(s) for Supervisor(s), Contract(s) with the new Supervisor(s) and a revised Supervision Plan for approval of new supervision arrangements must be completed and forwarded to the Board within 28 days of completion of your current supervision arrangements.**

SUPERVISOR'S STATEMENT OF CESSATION OF SUPERVISION

1 of 2 pages

A Supervisor must, within 28 days of ceasing to be a Conditional Registrant's Supervisor, complete this Form and submit the original to the Board.

1. **Name of Supervisor:** _____

2. **Name of Conditional Registrant:** _____

3. **Date of commencement of supervision with this Conditional Registrant:** _____

4. **Date of cessation of supervision with this Conditional Registrant:** _____

5. **Reasons for cessation of supervision:**

6. Supervised Practice Progress Report

If more than **three months** has elapsed since the date of your signature on the most recent Supervised Practice Progress Report submitted to the Board by this Conditional Registrant, ensure that another **Supervised Practice Progress Report** is completed and forwarded by the Conditional Registrant with this form to the Board.

In this Report please provide details in respect of each Competency of the knowledge and skills demonstrated by the Conditional Registrant to date; and of any areas requiring particular attention and further development over the remaining period of the Conditional Registrant's Supervised Practice Plan. If possible please forward a copy of your report to your supervisor successor (if known).

7. Supervisor's comments:

Please comment on the Conditional Registrant's attitude towards supervision and progress within the Supervised Practice Plan. Provide details of any problematic areas in supervision or other matters, which should be brought to the attention of the Board. Attach a separate page if required.

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

Supervisor's Statement Of Cessation Of Supervision Continued 2 of 2 pages

8. Supervisor's assessment of the Conditional Registrant's progress during this period of supervision (please tick):

satisfactory

unsatisfactory

(If 'unsatisfactory' please attach a separate page giving reasons.)

Please note that **the Supervisor must submit** the *Supervisor's Statement of Cessation of Supervision* including a Supervised Practice Progress Report if required.

9. Number of hours of individual (face to face) supervision completed to date: _____

Number of hours of group supervision completed to date: _____

Number of hours of alternate methods supervision completed to date: _____
(if applicable, please specify alternate methods of supervision:

Number of hours of professional development activities completed to date: _____

Number of supervised practice hours the Conditional Registrant has completed: _____

Number of those practice hours which were 'client contact' hours _____

10. Comments of Supervisor:

11. Comments of Conditional Registrant:

12. Acknowledgment of Cessation of Supervision: (to be completed by both the Supervisor and the Conditional Registrant)

We agree on cessation of the Supervision Contract as of _____ / ____ / 20____

Signature: _____
Conditional Registrant

Signature: _____
Supervisor

Date: _____ / ____ / 20____

Date: _____ / ____ / 20____

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

Supervised Practice Progress Report Continued 2 of 4 pages

D. STATISTICAL SUMMARY

Item	THIS REPORTING PERIOD			TOTAL TO DATE		
	Primary Supervisor	Secondary Supervisor		Primary Supervisor(s)	Secondary Supervisor(s)	
		Psychologist	Non Psychologist		Psychologist	Non Psychologist
Supervised Consultation Hours						
Face to Face						
Group						
Alternative (Board Approved)						
TOTAL						
Number of Direct Observations of Psychological Practice						
Actual Client Contact Hours						
All Other Hours of Psychological Practice						
Total Psychological Practice Hours (Log Columns 2&3)						
Professional Development Hours (Supervisor Approved)						

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

Supervised Practice Progress Report Continued 3 of 4 pages

E. PROGRESS TOWARDS THE COMPETENCIES FOR THE SUPERVISED PRACTICE

Under each of the Competencies below, provide information on how you have 1. addressed the Competency over the period covered by this Progress Report through your professional psychological practice, formal supervision consultations and participation in professional development activities. 2. How far you believe you have progressed overall in the competency (Refer to Section 5.0 of the Supervised Practice Policy – Guidelines for Conditional Registrants and Supervisors when completing this section).

5.1 Knowledge of the Discipline (Competency 1)

- | | | | | | | | |
|---|-------------------|---|---------------------|---|---|--------------------|---|
| • Has the Competency been addressed in this period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Not at all | | | | | Extensively | |
| • What is your progress in the period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Poor | | Satisfactory | | | Excellent | |
| • What is your progress to date? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Minimal | | | | | Competent | |

Supervisor's Comments: _____

5.2 Psychological Assessment (Competency 2)

- | | | | | | | | |
|---|-------------------|---|---------------------|---|---|--------------------|---|
| • Has the Competency been addressed in this period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Not at all | | | | | Extensively | |
| • What is your progress in the period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Poor | | Satisfactory | | | Excellent | |
| • What is your progress to date? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Minimal | | | | | Competent | |

Supervisor's Comments: _____

5.3 Intervention Strategies (Competency 3)

- | | | | | | | | |
|---|-------------------|---|---------------------|---|---|--------------------|---|
| • Has the Competency been addressed in this period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Not at all | | | | | Extensively | |
| • What is your progress in the period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Poor | | Satisfactory | | | Excellent | |
| • What is your progress to date? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Minimal | | | | | Competent | |

Supervisor's Comments: _____

5.4 Research and Evaluation (Competency 4)

- | | | | | | | | |
|---|-------------------|---|---------------------|---|---|--------------------|---|
| • Has the Competency been addressed in this period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Not at all | | | | | Extensively | |
| • What is your progress in the period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Poor | | Satisfactory | | | Excellent | |
| • What is your progress to date? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Minimal | | | | | Competent | |

Supervisor's Comments: _____

5.5 Communication (Competency 5)

- | | | | | | | | |
|---|-------------------|---|---------------------|---|---|--------------------|---|
| • Has the Competency been addressed in this period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Not at all | | | | | Extensively | |
| • What is your progress in the period? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Poor | | Satisfactory | | | Excellent | |
| • What is your progress to date? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | Minimal | | | | | Competent | |

Supervisor's Comments: _____

PSYCHOLOGISTS SUPERVISED PRACTICE POLICY

Supervised Practice Progress Report Continued 4 of 4 pages

5.6 Ethical, Legal and Professional Matters (Competency 6)

- Has the Competency been addressed in this period? 1 2 3 4 5 6 7
Not at all **Extensively**
- What is your progress in the period? 1 2 3 4 5 6 7
Poor **Satisfactory** **Excellent**
- What is your progress to date? 1 2 3 4 5 6 7
Minimal **Competent**

Supervisor's Comments: _____

5.7 Working in a Cross Cultural Setting (Competency 7)

- Has the Competency been addressed in this period? 1 2 3 4 5 6 7
Not at all **Extensively**
- What is your progress in the period? 1 2 3 4 5 6 7
Poor **Satisfactory** **Excellent**
- What is your progress to date? 1 2 3 4 5 6 7
Minimal **Competent**

Supervisor's Comments: _____

F. Conditional Registrant's overall comments on progress on the Supervised Practice Plan
(Include comments on progress towards the goals outlined in your Supervised Practice Plan)

Deviations from and/or amendments to your Supervised Practice Plan
(and any other relevant matters which should be brought to the attention of the Board).

H. Supervisor's Overall Comments *(Comments on the Conditional Registrant's progress on the Supervised Practice Plan; attitude to supervision and training; compliance with the record keeping requirements, outstanding achievements; limitations identified; problematic areas in supervision, etc.)*

Signature: _____ **Signature:** _____
Primary Supervisor *Conditional Registrant*

**SUPERVISOR'S DECLARATION FINAL ASSESSMENT OF THE
CONDITIONAL REGISTRANT'S COMPETENCE**

This form is to be completed as the final Supervisor's Report. Please Refer to Section 5.0 of the Supervised Practice Policy – Guidelines for Conditional Registrants and Supervisors (the Guidelines) when completing this report. In addition refer to copies of the sixth monthly Supervision Progress Reports, Supervision Records and the Psychological Practice, Professional Development and Supervision Logbooks prior to completing this report.

Under *each* of the Competencies below, identify the Conditional Registrant's capacity to demonstrate competence and provide a short summary of your assessment of the Conditional Registrant's performance in this Competency. The summary should reflect the specific requirements stated in the sections titled 'Assessment of Competence' addressed in Section 5.0 of the Guidelines, the Conditional Registrant's overall performance and should include references to specific tests, processes and resources utilised in the practice of psychology.

Competence is defined in Section 5.0 of the Guidelines as: understanding of and proficiency in the competency, to an extent that qualifies a Conditional Registrant to offer an independent opinion, and to practise, in the competency.

5.1.1 KNOWLEDGE OF THE DISCIPLINE (Competency 1)

- Is the Conditional Registrant competent in Competency 1?

Yes

No

Summary:

5.2 PSYCHOLOGICAL ASSESSMENT (Competency 2)

- Is the Conditional Registrant competent in Competency 2?

Yes

No

Summary: (List all psychological tests conducted)

5.3 INTERVENTION STRATEGIES (Competency 3)

- Is the Conditional Registrant competent in Competency 3?

Yes

No

Summary:
