|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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* | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  | 20 |  | | Day | | Month | | Year | | | | | |  |
|  |  | | |  | | | |  |
|  | This report has been discussed with me | | | | | | |  |
|  | *Signature of Supervisee* | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  | 20 |  | | Day | | Month | | Year | | | | | |  |
|  |  | | |  | | | |  |