

Please fill in all sections and sign the declaration :

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.

Signed by Supervisor : _____ Date

Signed by Applicant/Supervisee : _____ Date

Section 1: Supervisee Details

Full Name of Supervisee	
Place of Work	
What area of work was the supervisee involved in during the supervision period.	
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 Verbal/Audio/visual/observation/re port review	
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).	

Section 2 Supervisors Contribution

Supervisor Details :

The supervisor must be a New Zealand registered Clinical Psychologist & be a member of an approved professional body. The supervisor must be in supervision themselves and committed to training in supervision.

Supervisor Name	
Contact telephone Number	
Contact Email address	
Period of Supervision	

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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SUPERVISION REPORT

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	

Thank you for taking the time to complete this form.