

**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**

<b>Full Name of Supervisee</b>	
<b>Place of Work</b>	
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?	
<p>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).</p>	
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/report 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.*

<b>Supervisor Name</b>	
<b>Contact telephone Number</b>	
<b>Contact Email address</b>	
<b>Period of Supervision</b>	

### 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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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.**