

Dear Colleague,

The Institute of Clinical Psychology, as part of its requirement for Full Membership, requires that a brief report be obtained from the present or past supervisor of an applicant. Please note that this report should include the dates and length of the supervisory relationship.

The purpose of the information requested is to ensure that regular supervisory contact is occurring or has occurred between the supervisor and the applicant and that the practitioner psychologist demonstrates safe and competent practice in the field.

The Report you are asked to complete has been simplified in order to take up as little of your time as possible while ensuring the Institute acquires the information it needs in order to make a decision about membership. Accordingly, it would be appreciated if you could complete the attached Report and scan/email it to the membership administrator of the NZPsS: membership@psychology.org.nz or alternatively send to c/- the Membership Administrator, NZPsS, PO Box 10536, The Terrace, Wellington 6143.

Yours sincerely,

Membership Secretary

# Institute of Clinical Psychology Committee



# SUPERVISOR REPORT

**Private & Confidential to the Membership Committee**

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| --- |
| Name of **Supervisee**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Supervisor: Professional registration, qualifications and affiliations:Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Day phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Nature of Supervisee’s work and client group being supervised

2. Dates of supervisory relationship: (applicants need to provide evidence of two years post

 registration supervision in New Zealand).

3. Frequency of contact with supervisee:

4. Does the supervisee demonstrate safe practice?

5. Do you have any particular concerns about the competence of your supervisee?

 If so please specify

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On completion of this Report, please email it to the membership administrator of the NZPsS: membership@psychology.org.nz**