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Dear Colleague,

The Institute of Health 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 email it to the membership administrator of the NZPsS: membership@psychology.org.nz

Yours sincerely,

Membership Secretary

# Institute of Health Psychology Committee

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# Supervisor Report

**Private & Confidential to the Membership Committee**

Name of **Supervisee**:

1. Name of Supervisor:

2. Professional registration, qualifications and affiliations:

3. Mailing address:

4. Day phone: 0 / Fax:

Email: Mobile:

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

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

registration supervision in New Zealand).

8. Frequency of contact with supervisee:

1. Nature of supervision e.g. live observation, documentation review, mix of case presentation and theoretical issues.

Regularly Occasionally Rarely Never

Case Review:

Live Observation:

Theory Discussion:

10. Does the supervisee demonstrate safe practice? If so, how do you judge this?

1. Identify your supervisee’s strengths in clinical practice:
2. Identify your supervisee’s gaps in clinical practice:

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

If so please specify:

1. What steps are you as a supervisor, and the supervisee, taking to rectify these?
2. Do you know of any complaints upheld or current outstanding complaints against your supervisee? If so, please describe briefly the nature of the complaint.

16. Do you believe in terms of qualifications and competent practice, that the applicant

should be admitted to Full membership of the Institute and be granted the specialist

status this implies?

17. Are there other issues in relation to this application of which the Membership

Committee should be aware? If so, please elaborate.

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**Signed:**

**Dated:**

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