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Disclaimer for Unit Guide publication

Macquarie University has taken all reasonable measures to ensure the information in this publication is accurate and up-to-date. However, the information may change or become out-dated as a result of changes in the policies, procedures or rules of the University or applicable professional bodies. The University reserves the right to make changes to any information in this publication without notice. Users of this publication are advised to check with the relevant faculty or department before acting on any information in this publication.
1. PLACEMENTS OVERVIEW

Provisional/Psychologists in all programs should read this guide carefully. It contains important information about the placement units. If anything in it is unclear, please consult the placement coordinator for your relevant program. Adherence to this manual is a requirement of Placement attendance and completion.

1.1 ABOUT PRACTICAL PLACEMENTS

Supervised placements aim to ensure that Provisional/Psychology graduates gain the practical knowledge required to work as endorsed psychologists in their appropriate settings and that they acquire the skills necessary to perform professionally in this role. These include opportunities to learn how psychologists carry out a range of activities in health, clinic, private practice & organisational and consultancy settings. In addition, supervised placements equip provisional/psychologists with a range of techniques and methodologies aimed at improving effectiveness and productivity as well as increasing job satisfaction and well-being.

All practical placement activities and arrangements are under the control of the Provisional/Psychologist’s Nominated Supervisor. All placements must be supervised by a Macquarie University Nominated Supervisor. A Nominated Supervisor is a person who has been appointed by Macquarie University as an Adjunct Supervisor or is an approved Macquarie University staff member. Some supervisors expect block placements, involving constant supervision, while others prefer to meet with their provisional/psychologists on a scheduled basis to review a segment of work. There is a degree of flexibility associated with placement activities and provisional/psychologists are encouraged to negotiate with their individual supervisors and to discuss their placement programs with the Placement Coordinator.

2. IMPORTANT INFORMATION FOR 2015

Enrolment:  www.student.mq.edu.au/enrol/

Semester Dates:  www.careers.mq.edu.au/employers/semester_dates/

University Timeline:  www.mq.edu.au/senate/dates.html

Graduation Details:  www.mq.edu.au/graduation/

April Graduation Ceremony:  All work completed and marked by January 31st

September Graduation Ceremony:  All work completed and marked by August 31st

Student Enquiries:  www.student.mq.edu.au

University Website:  www.mq.edu.au

Psychology Website:  www.psy.mq.edu.au
3. CONTACTS

<table>
<thead>
<tr>
<th>Name (Position)</th>
<th>Room</th>
<th>Email</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy Lane (Supervisor and placement coordinator)</td>
<td>Macquarie University Psychology Clinic. Level 1, Australian Hearing Hub. Room 1.503</td>
<td><a href="mailto:tammy.lane@mq.edu.au">tammy.lane@mq.edu.au</a></td>
<td>(02) 9850 9170</td>
</tr>
<tr>
<td>Sharon Watt (Supervisor)</td>
<td>Macquarie University Psychology Clinic. Level 1, Australian Hearing Hub. Room 1.504</td>
<td><a href="mailto:Sharon.watt@mq.edu.au">Sharon.watt@mq.edu.au</a></td>
<td>(02) 9850 2912</td>
</tr>
<tr>
<td>Greg Savage Director of Clinical Neuropsychology</td>
<td>Level 3, Australian Hearing Hub, Room 3.823</td>
<td><a href="mailto:greg.savage@mq.edu.au">greg.savage@mq.edu.au</a></td>
<td>(02) 9850 4862</td>
</tr>
</tbody>
</table>

4. GENERAL REQUIREMENTS

Four different placements must be enrolled in, totalling at least 1000 hours practical placement experience in all:

PSYN 849 Supervised Internship 1
PSYN 850 Supervised Internship 2
PSYN 851 Supervised Internship 3
PSYN 852 Supervised Internship 4

Although 4 placements of at least 250 hours each are specified (1000 hours total), the way in which these are arranged (e.g. number of hours per week, number of weeks per setting) will be flexible according to the needs of both students and field supervisors.

5. CORE REQUIREMENTS

Placements will be arranged so that students are exposed to a diversity of clinical populations. Provisional psychologists are required to see at least 5 cases from each of the following populations: acute neurology/neurosurgery, rehabilitation, psychiatry, geriatrics, and paediatrics. The first placement will be held in the Macquarie University Psychology Clinic. First placements generally begin in the second half of the first year.
6. PAID PLACEMENTS

Relevant paid employment can be credited as a placement **IF** it is concurrent with enrolment in the placement and **IF** there is a Psychology Board of Australia (PsyBA) accredited supervisor with relevant endorsement available to provide supervision. Preferably the supervisor should be employed in the agency. If private arrangements (paid by the provisional/psychologist) are made for an outside supervisor, then at least one hour of supervision is required for every day’s work. In such a placement, the provisional/psychologist needs to demonstrate that they are gaining knowledge and experience that is beyond their usual paid duties, and is consistent with the degree’s learning objectives.

7. SUPERVISION

7.1 AIMS OF SUPERVISION

- To assist trainees in the application of knowledge and skills gained from studies in psychology to professional practice
- To protect clients and trainees during the learning process
- To promote ethical and professional standards of conduct and service
- To support the professional development of trainees in ways that will increase their effectiveness as future professionals, and therefore maintain or improve the quality of the profession

Consequently, supervision of clinical practice whilst in training is essential to the development of a psychologist

7.2 APPOINTMENT OF FIELD SUPERVISORS AS ADJUNCT SUPERVISORS (PLACEMENT)

Field supervisors are eligible to be members of the relevant College of the Australian Psychological Society (APS). They will be endorsed in their area of practice by the PsyBA and Approved by the PsyBA as Supervisors.

Application to become an adjunct supervisor is made by sending curriculum vitae to the Placement Coordinator. A form giving information about the placement will then need to be completed before the application can be processed by the Placement Coordinator. A link to this form will be sent by the placement coordinator. Should the placement appear suitable for a provisional/psychologist, a site visit or phone contact will be arranged to clarify requirements and supervision procedures. Further, a contract with the manager of the placement organisation may need to be completed to ensure clarity of the provisional/psychologist’s roles and responsibilities within the organisation. Should both parties wish to proceed at this point, the supervisor is appointed by the University as an Adjunct Supervisor. The Adjunct Supervisor Administrator will send out the necessary paperwork and undertake the appointment. Provisional/psychologists can then elect to undertake placements with the supervisor. It is worth noting that such appointments can take time to process, and therefore the
earliest possible notification is required. Provisional/psychologists will NOT be able to start a placement until the supervisor has been appointed Adjunct Supervisor status and an agreement is in place between the relevant hospital/practice and the university.

Once the supervisor is appointed as an Adjunct Supervisor, provisional/psychologists negotiate to complete a Supervision Agreement. This must be filled in, signed and sent to the Placement Coordinator for approval before commencing to log the placement activities.

The appointment of Adjunct Supervisors is reviewed every three years and appointments are only renewed if provisional/psychologists continue to undertake placements with the particular field supervisor. All Adjunct Supervisor appointments require renewing after a three-year period.

As some measure of our gratitude, all supervisors are offered an opportunity to participate in meetings and workshops. These workshops are offered at no charge to field supervisors. All supervisors are also offered access to the University’s Internet Server, as well as access to the library. Monetary remuneration is not available.

It is also worth noting that the Medical Indemnity Act 2003 has made it essential that all supervisors have their own Professional Indemnity Insurance coverage either through their workplace or through their own private means, for example AON Risk Services through the APS offers coverage at reasonable rates. Insurance provided by the university Insurance providers will only cover the role of the Supervisor in relation to the placement of a MQ provisional/psychologist.

### 7.3 SUPERVISION REQUIREMENTS

At least one hour of supervision is required for every day of work (nominally 7 hrs). Hence, there must be at least 36 hours of on-site supervision documented, per (250 hour) placement.

#### 7.3.1 EXTERNAL SUPERVISION

When a provisional/psychologist does not have direct access to a Nominated Supervisor, such as at a provisional/psychologist’s place of placement or employment, then with the agreement of the Placement Coordinator an external Nominated Supervisor can be appoint.

In this situation, the provisional/psychologist’s Nominated Supervisor will provide external supervision and must spend one hour for every 17.5 provisional/psychologist placement hours. Please note that not every hour spent on placement will necessarily be counted toward the provisional/psychologist’s placement account. It is always the responsibility, as well as the professional discretion, of the Nominated Supervisor to determine the time that will be credited.

The Nominated Supervisor will engage in regular communication with the provisional/psychologist’s day-to-day supervisor/manager, regarding
provisional/psychologist’s progress and to validate the experiences the provisional/psychologist is communicating to the ‘external supervisor’.

In cases of external supervision, all documentation, including log book entries and evaluation documentation must be signed by the provisional/psychologist, the Nominated Supervisor and the provisional/psychologist’s day-to-day manager at the time of each supervision session.

8. PLACEMENT PREPARATION

8.1 PRE-REQUISITE REQUIREMENTS

Provisional/psychologists are required to ensure that the following are in place prior to commencing their first (and indeed any subsequent) clinical placement.

- Provisional registration to practise as a psychologist in Australia must be obtained from the Psychology Board of Australia (PBA) [http://www.psychologyboard.gov.au/Registration/Provisional/4-2-Internship-Program/Forms.aspx](http://www.psychologyboard.gov.au/Registration/Provisional/4-2-Internship-Program/Forms.aspx). Please allow at least a month for your application to be processed. It is NOT possible to commence a placement when unregistered and you will be required to provide proof of provisional registration at the ‘Verification Day’. Once registered, a copy of your registration certificate must be given to the Postgraduate Officer Coursework, Macquarie University, to be filed.

- Ensure that you have undertaken and passed the administration examinations for the WAIS-IV and WMS-IV.

- Read the Field Placement Manual

- Familiarise yourself with the Placement Supervisor’s Evaluation Form (available online at [https://macquariehs.qualtrics.com/jfe/form/SV_9YVMb1CuEdAEfXe](https://macquariehs.qualtrics.com/jfe/form/SV_9YVMb1CuEdAEfXe)), which specifies areas in which provisional/psychologists are to be assessed.

- Familiarise yourself with placement performance level expectations (Appendix A of this Manual).

- Read the Australian Psychological Society Code of Ethics ([http://www.psychology.org.au](http://www.psychology.org.au)) and the relevant APS College Standards of Professional Practice. Ensure you have a good knowledge of the Codes.

- Ensure that you are enrolled in the relevant practical placement unit. To ensure full insurance cover, a provisional/psychologist MUST ENROL IN A PLACEMENT BEFORE STARTING IT. Enrolment can be for one or two semesters (although full year enrolment is recommended). As for other units,
placements can be carried with an incomplete grade for only one semester after the end of the enrolment period; after that time re-enrolment (and further payment) is required. That is, a full year enrolment or second semester enrolment MUST be completed with the placement folder marked before the beginning of the exam period of first semester the following year.

- Attend verification day (more details listed below).

## 9. Verification Day

Provisional/psychologists will be required to attend a verification day. Toward the beginning of each year a date will be set for new provisional/psychologists to attend a ‘Verification Day’. Provisional/psychologists will receive notification of the date, time and venue via their provisional/psychologist email accounts. On this day, provisional/psychologists will be required to attend the university with original copies as well as a photocopy of the following documents:

1. **Provisional/psychologist ID with photo**
2. A clear National Police Certificate issued by an Australian state or territory police service (NB international provisional/psychologists have additional requirements) If your Police check is not clear, you will need to contact Health—your certificate will not be accepted on the day. Please ensure your name on this document exactly matches your name on MQ enrolment records.
3. **A Commission for Children and Young People Provisional/psychologist Declaration**
4. A completed NSW Health Student Undertaking
5. A completed NSW Ministry of Health Code of Conduct
6. Evidence of protection against a number of infectious diseases and comply with these requirements at your own cost. This includes submission of a NSW Ministry of Health Form 2: TB Assessment Tool and Form 3: Student Undertaking/Declaration.

## 10. Insurance, Privacy Act & Standard of Care

### 10.1 Personal and Professional Insurance

Provisional/psychologists participating in supervised placements organised by the University are covered by:

1) Personal accident insurance (based on the benefits of worker’s compensation insurance)

2) Public liability insurance (for injury to a third party or damage to property whilst acting within the instructions of the University), and
3) A malpractice clause in the University’s professional indemnity policy for work associated with the contracted placement. Placement supervisors who have been appointed as Honorary Supervisors are also included in the professional indemnity policy but only for the specific work involved in the supervision associated with the contracted placement.

Provisional/psychologists involved in visits when on placement are responsible for their own transportation and for insurance of their vehicle, unless special insurance arrangements have been made with the University. See Appendices A1 and A2 for the current Insurance certificates. These certificates are renewed annually by the University.

10.2 PRIVACY AND PERSONAL INFORMATION ACT, 1998

Field Placements conducted as part of a University postgraduate degree must adhere to the Privacy and Personal Information Protection Act, 1998. Consistent with provisional/psychologist that Act and the University’s Privacy Framework and Policy and Privacy Collection Notices that govern the handling of personal information of provisional/psychologists, information pertaining to the provisional/psychologist may be provided to placement organisations and supervisors. The only information about provisional/psychologists that the University will routinely disclose to placement organisations and supervisors are: the contact details of the provisional/psychologist; confirmation that the provisional/psychologist is registered (provisionally or fully) with the Psychology Board of Australia; that the provisional/psychologist has appropriate immunisations for the setting; results of Working with Children check of the provisional/psychologist; results of a Criminal record check of the provisional/psychologist; and that the provisional/psychologist is enrolled in the subject (and is thereby being covered by the insurances listed previously).

Any further information requested of the University, such as information concerning previous placements, is only released when a clear purpose for the information is apparent and a written consent has been gained from the provisional/psychologist. In these cases, if a provisional/psychologist chooses not to provide the requested information, it is probable the placement will not proceed.

11. PROFESSIONAL GUIDELINES

Professional Codes

The supervisor must promote awareness of and adherence to the Code of Ethics and Ethical Guidelines of the APS. The provisional/psychologist must be familiar with this Code before starting a placement and must carefully adhere to them. The relevant codes are available to download from http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx.
**Standard of Service**

The provisional/psychologist is responsible for attempting to achieve high professional standards and is fully accountable to their supervisor for their professional activities under supervision. However, the ultimate responsibility for a high standard of client care rests with the supervisor who is accountable for the provisional/psychologist’s professional activities under supervision. Therefore following Supervisor directions at all times is paramount. A supervisor may suspend a placement if they believe that a provisional/psychologist is not adhering to their direction.

**12. PLACEMENT PREPARATION**

Although provisional/psychologists may indicate their placement preferences, the responsibility for their approval rests with the Placement Coordinator.

1. **Consult with the Placement Coordinator.** Provisional/psychologists should discuss their options with the Placement Coordinator. These might be areas in which the provisional/psychologist has a special interest, areas in which they feel less confident or areas specified by a previous supervisor as requiring further attention. To allow for negotiation time, this consultation should take place well in advance of the start of the placement.

2. **Meeting with Supervisor.** Once the placement coordinator has found an appropriate supervisor they will contact the potential supervisor and open negotiations. In many cases, the supervisor will want to meet with the provisional/psychologist to discuss the suitability of the placement.

3. **Familiarise.** Ensure that you are familiar with any Manual or Policy Documents relating to the specific setting within which you will be undertaking your placement. Clarify the list of tests, you may be required to administer and familiarise yourself with these.

4. **Do some preparatory reading** and research relevant to the types of clients, issues, projects that you are likely to encounter on the placement. If there are areas/skills specified as needing further work by a previous supervisor these should form part of your goals as set out in the supervisor agreement form.

5. **Set up Supervision Agreement.** The first meeting between the supervisor and provisional/psychologist is a goal setting session. It is the provisional/psychologist's responsibility to ensure that, if possible, their personal goals are included in the supervision agreement. Ethical and professional conduct will always be included as one of the goals. If the agreement specifies the agency/placement organisation policies that must be followed, the provisional/psychologist should ensure they have a copy of the relevant policies. It is the provisional/psychologist's responsibility to document the agreement (goals, roles, activities, supervision times and methods, etc.) in the Supervision Agreement. The placement can only commence when the Placement Coordinator has received the signed Supervision Agreement.
13. DURING THE PLACEMENT

13.1 LOG BOOK AND RECORD KEEPING

Log Book: The student is required to keep a Log Book of cases seen on placement. The entry in each Log Book case is a summary only of the assessment. Utilise the Log Book Form in (Appendix D). The logbook should contain an accurate record of all of the cases that the student has seen during placement. Each log entry should provide details of the location, date of service, referral question, summary of report or intervention program, and broad diagnostic category. For the master’s program, the student is expected to log at least 50 cases over the courses of their 1000 hours of clinical placements and this will form part of the assessment for the Clinical Case Conference. The 50 cases should include at least 5 cases each from the following areas: acute neurology/neurosurgery; rehabilitation; psychiatry; geriatrics, paediatrics.

It is the student’s responsibility to maintain the Log Book. Field supervisors will be asked to countersign the entries to ensure that the summaries are accurate and this should be done prior to the end of the placement. The Log Book cases submitted should be cases where you have had a significant input into the assessment and/or management. This does not necessarily mean that the student has handled the case completely independently, but should have contributed to formulating the questions/hypotheses to be addressed, carrying out the assessment, and scoring and interpreting the results. The student is required to submit the Log Book to the course chair at the completion of their final placement.

Electronic Logging of Placement Hours: Students are required to keep a log of their hours spent on placement in accordance with the broad category of activities they are undertaking. The log of placement hours should be updated and signed off by the field supervisor on a weekly basis. The log of placement hours should be emailed to the placement coordinator at the end of each placement. In addition, at the end of each placement, the student and supervisor will need to complete the electronic logbook declaration. An example of a template for logging of placement hours can be found in Appendix F. An example of the electronic logbook declaration can be found in Appendix G.

Case Book: Provisional/psychologists are required to write up at least 10 of these cases in detail (additional Case Book requirements for the professional doctorate program are outlined in Appendix G). These case reports should include the referral question, details of past developmental, medical and psychological history and any other relevant background material. Any references or general orientations to literature that contributes to the case should be included in the introductory discussion of the case. A section should also be included which outlines the hypotheses that were tested with the assessment, based on the referral question and how the examination addressed these areas in terms of tests or techniques employed. Results of tests administered and highlights of the assessment should always be included. Test results can be reported either in the body of the report or appended to the report, but must be
included so that the accuracy or otherwise of the interpretations can be evaluated. Similarly, copies of drawings (such as the Rey Figure) and any writing by the patient should be included. A summation with interpretations and recommendations for management or other investigations, treatment options, etc. is expected. In some cases this summary might include a diagnostic statement: in others it might include an overview of the patient's current cognitive status. Any information on follow-up outcome would also be appropriate. The same model can be applied to intervention case reports. In these cases, the therapeutic models should be clearly described and the means of evaluation of outcome carefully elaborated. A case report is expected to contain more detail than the original report of neuropsychological assessment.

The Case Book should also include a wide range of clinical conditions. The provisional/psychologist is advised to submit 3 or 4 cases for feedback early in the second year. The completed Case Book must be submitted to the course chair in your final year. It is very important that patient/client anonymity be maintained in both the Log Book and the Case Book. Examples of casebooks can be obtained from the test library in the Macquarie University Psychology Clinic or via email from the placement coordinator.

13.2 OTHER DOCUMENTATION REQUIREMENTS

For the Neuropsychology program, the provisional/psychologist is expected to log at least 50 cases over the courses of their 1000 hours. The 50 cases should include at least 5 cases each from the following areas: acute neurology/neurosurgery; rehabilitation; psychiatry; geriatrics, pediatrics.

1. Mid-placement Evaluation: About half way through the placement (however, only for placements in excess of 100 hours), provisional/psychologists must request a review. Provisional/psychologists are encouraged to be as open and responsive to feedback as possible. At the review, the Mid-Placement Evaluation form should be completed. A copy of the mid-placement form should then be forwarded to the Placement Coordinator. If provisional/psychologists have any concerns about the placement or feedback, they should discuss these first with their supervisor, and then, if problems have not been resolved, consult the Placement Coordinator. If the supervisor foresees that the provisional/psychologist might have problems in completing the placement to their satisfaction, they should contact the Placement Coordinator. An interview between the provisional/psychologist, the supervisor and the Placement Coordinator will then be arranged to facilitate the provisional/psychologist's progress.

2. Supervisor Evaluation Form: The supervisor evaluation form should be completed online by the supervisor and then discussed with the provisional/psychologist at the end of the placement. Once the online form has been completed, a copy of the evaluation will be sent to the supervisors nominated email address. A copy will also be given to the provisional/psychologist.
3. Evaluation of the placement: All provisional/psychologists are required to provide feedback on their placement experience. Provisional/psychologists are not required to enter their name or placement dates and may leave these spaces blank if they would prefer to do so. Provisional/psychologists will not be passed on their placement until this mandatory requirement has been completed. Please note: there is a separate form for internal and external placements. Please follow the directions upon completion of the survey to inform the placement coordinator when you have completed this task.

14. EVALUATION

To complete & pass a placement a provisional/psychologist is required to:

- Attend reliably for the agreed hours as negotiated in the Supervision agreement
- Keep log books for daily activities and supervision
- Meet the appropriate goals, requirements & competencies to a satisfactory standard
- Submit the completed placement documentation to the Placement Coordinator, within three weeks of completing the placement

15. PLACEMENT DOCUMENT SUBMISSION

In addition to the documentation completed online (i.e. supervision agreement, mid/final placement review and placement evaluation form) other documentation must be submitted upon completion of your final placement. If any documents are submitted via email, they must be labelled using the following convention: Provisional/psychologists First Name, Last Name, Provisional/psychologist student Number, Placement number, Unit Code, Name of Document, (e.g. Sarah Smith 41287709 Placement 1 PSYN849 Supervision agreement). Required documentation is listed below.

Provisional/psychologists should make and keep a copy of all relevant placement documentation.

16. PLACEMENT ACADEMIC PROGRESS

To successfully complete the placement unit all components of the placement unit need to be passed. This includes all required tasks (and where the placement unit has been designed to comprise multiple placement settings, all of those placement settings must be satisfactorily completed). Failure on one component of the unit will result in failure of the entire placement unit.
It is not expected that provisional/psychologists will be fully proficient in all areas of their work during early placements. Areas that require further development and have been identified by the supervisor will need to be detailed, so that the standard required can be attained by the completion of the degree.

### 16.1 UNSATISFACTORY PROGRESSION ACROSS PLACEMENT

A supervisor may contact the Placement Coordinator at any time during the placement if he/she has concerns that the provisional/psychologist is not going to be able to meet the required goals and standards of the placement. The usual time for these concerns to be raised is at the mid-placement evaluation. These concerns should be thoroughly documented; usually on the supervision logs and the mid placement evaluation. Following this, an interview will then be arranged with the provisional/psychologist, the Supervisor and the Placement Coordinator. If the provisional/psychologist does not attend the interview, a decision will be made in their absence.

After the meeting, if the Supervisor and Placement Coordinator agree that the Provisional/Psychologist has not met the requirements, then additional work may be assigned to help the provisional/psychologist meet the required standard by the conclusion of the placement. This might be in the form of written work (e.g. writing some reports), a demonstration of skill proficiency or further placement time with the same, or a different Supervisor. These additional hours do not count towards the overall placement hours. Should the provisional/psychologist’s performance in the placement still be unsatisfactory at the end of the placement, the placement will be failed and the placement unit repeated with a different Supervisor. Only one repeat is possible and if failed the provisional/psychologist will be excluded from further participation in the program (see 17 below).

However, if during the course of the placement:

- a Supervisor has significant ongoing concerns about the standard of work being produced by the Provisional/Psychologist or considers that they are not progressing satisfactorily (including being too slow or requiring too much supervisory input);
- a Supervisor has identified a mistake made by the Provisional/Psychologist which places the Client, Supervisor or the Agency/placement organisation at risk; or
- a Supervisor has given the Provisional Psychologist a direction which he or she fails to follow; or
- the Provisional Psychologist has potentially breached the Code of Ethics, or any Act regulating the conduct of Provisional/Psychologists or breached patient confidentiality or he/she behaves unprofessionally or unethically, then in consultation with the Placement Coordinator, the Supervisor may take one or more of the following actions:

1. suspend the Provisional/Psychologist’s placement whilst the concerns are discussed and resolved;
2. require the Provisional/Psychologist to participate in a formal review with the Supervisor;
3. engage with the Placement Coordinator to consider possible remedial processes;
4. terminate the placement.

The Supervisor must keep a written record of his/her concerns raised and any communication with the Provisional/Psychologist in relation to the concerns. The Supervisor or the Placement Coordinator will arrange a meeting of the Placement Coordinator, Supervisor and Provisional/Psychologist to discuss strategies and a resolution of the concerns.

16.3 CIRCUMSTANCES WHERE A PLACEMENT MAY BE SUSPENDED IMMEDIATELY

A Provisional/Psychologist who does any one or more of the following:

- allows their registration as a Provisional/Psychologist with the PsyBA to lapse;
- engages in conduct which breaches the client/psychologist relationship, for instance by engaging in a sexual relationship with a client;
- engages in actual or alleged criminal activity such as stealing while participating in the placement;
- engages in conduct which is “notifiable conduct” for the purposes of the mandatory notification provisions in the National Law (see Appendix G below); or
- repeatedly breaches their obligations under this Manual, the placement policy and procedures manual, the Code of Ethics, or applicable law, (a “repeated breach” is two or more breaches of the same type),

may be summarily excluded from participating in the psychology postgraduate degree program pending the outcome of any investigation, and their conduct may be notified to the Psychology Board of Australia and other external legal authorities if necessary. Further, Provisional/Psychologists who allow their registration with the Psychology Board of Australia to lapse may be excluded from further enrolment under Rules 9(9) and 10(7) of the General Coursework Rules.

16.4 PLACEMENT EXPERIENCE NOT MEETING EXPECTATIONS

Although rare, an established placement can become derailed in mid placement (for example the Supervisor leaves the work place). Should a provisional/psychologist or Supervisor decide, once the placement has commenced, that the placement is unlikely to provide the sort of experience required (for example inadequate client contact or supervision hours), then a meeting between the Supervisor and provisional/psychologist should be arranged to ascertain if the concerns can be addressed. If a solution cannot be found or the meeting proves unsatisfactory, then a meeting between the provisional/psychologist and the Placement Coordinator must be arranged. If a satisfactory solution cannot be organised at this point, then the placement
can be suspended early by the Placement Coordinator at a time convenient for all concerned, and those hours accrued accredited to the provisional/psychologist’s progressive total for that placement.

16.5 EARLY TERMINATION OR REJECTION FROM MULTIPLE FIELD PLACEMENTS

Placements are rare opportunities to work alongside endorsed psychologists with years of experience in the field and are therefore prized. Should a Provisional/Psychologist attend an interview for a placement and be rejected for lack of suitability, or start attending a placement and be terminated within the first few weeks, a meeting with the Placement Coordinator will need to be arranged. The Placement Coordinator will determine if the identified difficulties require remediation before a replacement placement is organised. If so, remedial work will be undertaken before another attempt to engage in a placement is made. Should a Provisional/Psychologist be rejected or terminated early from three placements, they will be considered to be not ready to proceed with, or unsuitable to continue placement units and will be unable to complete the program requirements under 9 (a iii) of the General Coursework Rules.

16.6 FAILURE OF THE MID-PLACEMENT OR END OF PLACEMENT EVALUATION

All placements are graded as Satisfactory or Fail by the Placement Coordinator. A Supervisor does not pass or fail provisional/psychologists; this is the responsibility of the University. The decision on grading is based on information supplied by the Supervisor, the documentation submitted and the standard reached. A letter will be sent from the Placement Coordinator confirming the grade outcome for the placement.

Failure of any component of the Placement Unit following either a Mid-Placement or End of Placement Evaluation will result in the awarding of a grade of Fail for the Placement Unit.

Where a Provisional/Psychologist has been advised that they have failed a Placement Unit following a Mid-Placement or End-of-Placement Evaluation, the Provisional/Psychologist will be requested to attend a meeting with the Course Director, Clinic Director and Placement Coordinator to discuss the failed Placement Unit. Prior to that meeting, the Provisional/Psychologist will be given an opportunity to provide a written submission or provide an oral submission at the meeting of the reasons why he/she should be allowed to repeat the Placement Unit (if he/she desires to do so) and to put forward any strategies which will assist to make a repeat of the Placement Unit successful.

The Course Director, Clinic Director and Placement Coordinator will consider the Provisional/Psychologist’s reasons and proposals and all available material (including reports) in relation to the Provisional/Psychologist’s placement and form a view as to whether he/she should be allowed to repeat the Placement Unit and if so, what (if any) management strategies should be put in place to enable the placement unit to occur again.
The Placement Coordinator will notify the Provisional/Psychologist in writing of the decision within 10 working days of the meeting. A Provisional/Psychologist who receives a fail grade may appeal the grade in accordance with the procedure outlined below.

17. GRADING, APPEAL AND GRIEVANCE PROCESSES

17.1 GRADING AND GRADE APPEAL POLICY

At the completion of a placement, the grading decision made by the Placement Coordinator for the University will be either:

**Satisfactory**

The placement has been completed to a satisfactory standard, all documentation has been submitted and is satisfactory, and there are no further requirements to be met.

**Fail**

A Provisional/Psychologist who receives a Fail grade in a practical Placement Unit may appeal the grade in accordance with the Grade Appeal Policy (as stated in Rule 13(1) of the General Coursework Rules). For the purposes of the Grade Appeal Policy, the body constituted to hear appeals against a Fail grade in a Field Placement Unit will comprise the members of the Post-graduate Coursework Committee but shall exclude any person who was involved in the original determination of the Fail grade of the Placement Unit. If the Provisional/Psychologist elects not to appeal the grade in accordance with the Grade Appeal Policy or if the result of the review under the Grade Appeal Policy is to confirm the Fail grade for the Field Placement Unit, then the Provisional/Psychologist may be excluded from all future enrolment in the program of study in accordance with Rule 10(7) of the General Coursework Rules. Alternatively, the Provisional/Psychologist may be encouraged to withdraw from the degree and have alternate degrees offered.

If a Provisional/Psychologist receives a Fail on any two practicum units (two Fail grades on their transcript) or Fails of the equivalent of 8 credit points, the Provisional/Psychologist may be excluded from any further enrolment in any Masters/Doctorate in Psychology program as outlined in Rule 9(9) of the General Coursework Rules. Provisional/Psychologists who are excluded from all future enrolment in the Masters/Doctorate in Psychology program may appeal to the Academic Appeals Committee in accordance with Rule 13(2) of the General Coursework Rules.

17.2 REMEDIAL REQUIREMENTS BEFORE REPEAT PLACEMENT

When a placement has been deemed a failure, but the Provisional/Psychologist is being allowed to repeat the placement unit, remedial work will be required before
repeat placement can be organised. The Placement Coordinator will coordinate the remedial tasks most frequently in the Macquarie University Psychology Clinic. To complete the remedial tasks, the Provisional/Psychologist will need to enrol in the placement unit again. Should the remedial work not be successfully completed, the placement unit will again be failed and a repeat of the actual placement will not be possible. If the remedial work is successfully completed, the provisional/psychologist will be able to repeat the placement with a different Supervisor. Hours undertaken as part of the remedial work will not count towards the hours required of the placement itself.

### 17.3 GRIEVANCE PROCESS AVAILABLE FOR PROVISIONAL/PSYCHOLOGISTS

A Provisional/Psychologist may make a complaint or lodge a formal grievance at any time during their placement in accordance with University Grievance Management Policy and Provisional/psychologist Grievance Handling Procedure (which can be found on the MQ website). Issues affecting a provisional/psychologist’s academic standing (i.e. placement progress, assessment and final evaluation) however are outside of this general complaints process/Provisional/psychologist Grievance Handling Procedure.

**Contact Campus Wellbeing (including the Provisional/psychologist Advocacy and Support Service)**  
T: +61 2 9850 7497  
E: campuswellbeing@mq.edu.au  
Level 2, Lincoln Building (C8A) Macquarie University, North Ryde NSW 2109

No appeal can be made after three years. The grievance resolution process may be conducted independently of matters relating to academic progression and without the need to suspend a formal academic review or other academic process.

### 18. REFERENCE TO GENERAL COURSEWORK RULES AND INTERPRETATION

A reference to the General Coursework Rules in this Manual includes a reference to any rules which amend or replace the General Coursework Rules from time to time.

Nothing in this Manual is taken to limit or exclude the operation of the General Coursework Rules, and if there is any inconsistency between the provisions of this Manual and the General Coursework Rules, then the provisions of the General Coursework Rules will prevail to the extent of the inconsistency.

### 19. RESPONSIBILITIES

#### 19.1 PROVISIONAL/PSYCHOLOGIST’S RESPONSIBILITIES

Supervision is a two-way relationship. Provisional/Psychologists should acknowledge the Supervisor's valuable contribution to their professional development by
completing not only work duties specified in the supervision contract but also any other reasonable tasks that may be part of the supervising psychologist’s general work role. The provisional/psychologist should negotiate with the Supervisor whether or not this work will be credited as placement hours. The provisional psychologist’s responsibilities in the placement are:

- Communicating regularly with the Placement Coordinator and Supervisor both personally and in written documents.

- Identifying and undertaking appropriate preparation for placement activities (e.g. pre-reading/ research, completion of agreed tasks, skills practice, expertise or familiarity with psychological tests).

- Identifying personal goals for the placement (especially problem areas noted by previous supervisors) and including them in the contract.

- Notifying the Placement Coordinator of any modifications made to the supervision contract (for example, at the time of mid-placement review).

- Seeking the nominated Supervisor’s advice on (1) the role and place of the provisional/psychologist in the organisation, (2) the organisation’s policies and (3) the organisation’s standards and norms. Carefully adhering to these procedures, including dress codes.

- Maintaining a log book of (1) activities (2) supervision sessions (3) tally of hours in the activity matrix and (4) any other relevant documentation. Ensuring that the supervisor’s comments on areas that require further development are recorded in the log.

- Following instructions by the nominated Supervisor and day-to-day manager(s) as closely as possible.

- Ensuring confidentiality of clients and/or Intellectual Property at all times.

- Informing the nominated Supervisor if (1) adequate guidance or opportunities for development are not being provided or (2) the provisional psychologist is unable or unwilling to follow the Supervisor’s instructions.

- Notifying the Placement Coordinator of any problems within the supervisory relationship that cannot be resolved in discussions between the Supervisor and provisional/psychologist.

- Attending to areas (knowledge and skills) identified by the nominated Supervisor as in need of development.

- Ensuring that the nominated Supervisor approves all reports (verbal or written) made by the provisional/psychologist.
• Keeping up to date with all reporting and documentation requirements.

19.2 SUPERVISORS RESPONSIBILITIES

• Negotiating an appropriate supervision agreement, this includes the relevant goals proposed by the provisional/psychologist and the anticipated duration of the placement.

• Ensuring that the goals and tasks of supervision can be realistically met within the agreed length of the placement.

• Crediting the provisional/psychologist with placement hours for any formal work (such as library work or report writing outside normal working hours).

• Ensuring that, when appropriate, organisations are informed of the provisional/psychologist’s status as a Psychology Provisional/psychologist (for provisionally registered provisional/psychologists) or as a Registered Psychologist who is doing specialised training in organisational psychology.

• Providing comments on the provisional/psychologist’s progress on the supervision session summary form for inclusion in the provisional/psychologist’s log book; in particular, ensuring that areas (knowledge and skills) requiring special attention or development are documented as they become evident.

• Informing the provisional/psychologist, at the earliest possible time, if there are problems with the provisional/psychologist’s work. Suggesting possible methods of remediation. Documenting relevant information in the log.

• Informing the provisional/psychologist and the Placement Coordinator, at the earliest possible time, if they foresee any reason why the provisional/psychologist is unlikely to meet the requirements of the placement.

• Conducting a mid-placement review with the provisional/psychologist placement and, if necessary, modifying the placement goals or negotiating to extend the placement hours (only placements in excess of 70 hours require a mid-term review).

• Ensuring appropriate confidentiality for the provisional/psychologist at all times and informing them of legal or contractual limits (such as with the agency/placement organisation or University) on confidentiality within the supervisory relationship. Also providing no reports to any party on the provisional/psychologist’s performance except as specified in the contract or following the provisional/psychologist’s written request or consent.

• Discussing all reports with the provisional/psychologist before submitting them to others.

• Providing the provisional/psychologist or Placement Coordinator with the placement evaluation form.
• In the case of an external supervision, keep regular contact with the provisional/psychologist’s day-to-day manager/supervisor and obtain the signature of the day-to-day manager/supervisor on the Supervisor’s Evaluation Form.

19.3 PLACEMENT COORDINATOR’S RESPONSIBILITIES

• Developing and evaluating new placement opportunities.

• Assisting the provisional/psychologist to select a suitable program of placements, and to develop a performance management system for their placement.

• Considering provisional/psychologist choices in the assignment of provisional/psychologists to placements.

• Liaising with the supervisor regarding the placement of the provisional/psychologist.

• Ensuring that the provisional/psychologist is adequately prepared when they start the placement. This includes ensuring that any necessary remedial work identified in one placement is carried out before the provisional/psychologist starts a new placement and that the provisional/psychologist is aware of the preparatory work required for the new placement.

• Assessing all appropriate paper work and relevant placement documentation.
**APPENDIX A: MANDATORY NOTIFICATION PROCEDURE**

| **Purpose** | Education providers are required to make mandatory notification under the National Law (NSW Health Practitioner Regulation Act 2009 No 86) Part 8 Division 2 Section 143”) of Impaired Students to the Australian Health Practitioner Regulation Authority (AHPRA). This procedure is designed to meet those requirements outlined in the *Psychology Board of Australia’s (PBA) Guidelines for Mandatory Notification*. In this context, “students” are defined as those enrolled in a program of study or where clinical training is arranged by the education provider. “Impairment” is behaviour that puts the public at substantial risk of harm. “Public” is defined as persons accessing the student’s services. Education providers who make notification in “good faith” are protected from civil, criminal or defamation actions. Legally mandated notification requirements override privacy laws. The report should be based on observed behaviour but does not need to be conclusive. These behaviours include, 1) practicing while intoxicated/drugged (capacity to exercise reasonable care and skill is compromised); 2) the student is otherwise impaired (affects ability to assess and treat). Protective factors such as adequate supervision need to be considered. Notification is incident by incident. Notification is not required if it is *reasonably believed* (direct knowledge) that a notification has already been made. Students (peers) are not mandated to notify impaired performance in a practitioner. Notification does not reduce responsibility to manage the student’s performance. However, management does not mean that a student shouldn’t be reported, even if they choose to leave the program. Notification needs to occur before the student’s enrolment in a program ends. |
| **Procedure** | This procedure requires actions by the following: |
| | • *Course Directors of Psychology Professional Postgraduate coursework degree Programs* |
| | • *Registered Psychologists involved in teaching, supervising, administering and arranging clinical training* |
| | • Students will be informed in all manuals that the University is required to make Mandatory Notification of Impairment and therefore that their emotional and mental status may be questioned if the department has grounds to believe that they might be impaired as defined by the PBA Guidelines for Mandatory Notification. |
| | • Students appearing to be experiencing mental distress/dysfunction or drug affected, will be interviewed by Course staff and appropriate risk management strategies will be adopted. |
A student, who is observed to be impaired to a level that would put the public at risk, will meet with the staff member who observed the action for clarification of current status and planned action. The student will be informed that the issue will be escalated to the Unit Chair and Course Director at this time, even if this does not result in subsequent notification. The behaviour and the meeting with the student will be documented and kept on their academic file.

The staff member will then meet with the relevant Unit Chair and Course Director to assess level of risk to the public, proposed management plan within the program, and then decide whether the evidence of impairment warrants notification. This meeting will be documented and the outcome provided in writing to the student and kept on their academic file. If deemed not notifiable, appropriate risk management strategies will be put in place.

If reportable, the Course Director or their nominee will make a notification to the NSW Health Care Complaints Commission (instead of to AHPRA in NSW). Notification can be made by any method set out in the Guidelines for Mandatory Notification. Documentation will include full details of the incident in question, including the date/time/location the impairment was observed.

Whilst awaiting the PBA decision on action, the student will cease all placements as well as other activities as assessed necessary on a case-by-case basis.

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<thead>
<tr>
<th>Responsible Officer 1</th>
<th>Course Directors of Post-graduate Psychology Professional Coursework Programs</th>
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<tbody>
<tr>
<td>Responsible Officer 2</td>
<td>Registered Psychologists involved in teaching, supervising, administering and arranging clinical training</td>
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</table>
APPENDIX B: CLINICAL PLACEMENTS: PATHWAY TO INDEPENDENT PRACTICE

Placement 1

Level of independence

**Assessment:** At this early stage, provisional/psychologists should be competent in the administration and (manual) scoring and interpretation of the Wechsler Scales. They should be developing proficiency in the administration and scoring of other tests, i.e., those that have been listed by the supervisor as essential for that placement.

The provisional/psychologist’s ability to take an adequate history from the patient should be developing over the course of the first placement although guidance with structure may be required initially. The provisional/psychologist’s skills in identifying relevant history from other sources, such as medical records, referral sources or corroborative witnesses (family, teachers, other professional staff) should also be developing.

Provisional/psychologists are expected to be working toward understanding psychological symptoms/disorders as part of the clinical and other background variables that may relate to hypotheses that need to be tested.

**Clinical Skills:** Provisional/psychologists’ ability to establish adequate rapport with the patient should be developed over the course of the first placement to create an appropriate testing environment. While initial nerves are understandable, these should settle by the end of the placement period as the provisional/psychologist gains confidence in their new skills. Provisional/psychologists should also be able to interact appropriately with relatives/carers.

**Report Writing:** Provisional/psychologists’ report writing skills should begin to improve over the course of the first placement, initially with very close supervision. By the end of the first placement a basic structure should be recognizable in the provisional/psychologists report writing.

By the end of the first placement, the background/presenting problem and description of results should be accurate and require minor editing only. Provisional/psychologists should be beginning to interpret test results in terms of neuropsychological functioning. Data should be accurately transcribed onto a data sheet, which is clear and referenced. The provisional/psychologist may still require assistance with formulation of conclusions/opinions and in tailoring recommendations. Reports should be completed within the timeframe specified by the placement supervisor.

**Professional Skills:** Provisional/psychologists should be able to interact appropriately with other professionals as they learn the role of a Neuropsychologist in that particular setting.
Provisional/psychologists are also expected to maintain professional standards in terms of reliability, punctuality etc. They should familiarise themselves and work in accordance with the policies and procedures of the organisation, particularly in regard to issues of confidentiality and ethical practice.

As provisional/psychologists on a first placement are often very early in their theoretical training (coursework) they should demonstrate initiative in filling the gaps in their knowledge base through additional reading and literature reviews, beyond the material provided by the placement supervisor.

Placement 2

Level of Independence

**Assessment:** Provisional/psychologists should be competent in the administration and (manual) scoring of the Wechsler Scales. By the end of this placement they should be proficient in the administration and scoring of other commonly used tests, i.e., those that have been listed by the supervisor as essential for that placement.

Provisional/psychologists will require guidance and structure for history taking in the initial stages as they adapt to a new placement setting. However, by the end of the second placement, the provisional/psychologist should be able to take an adequate history from the patient. Some minor prompting may be needed. The provisional/psychologist’s skills in identifying relevant history from other sources, such as medical records, referral sources or corroborative witnesses (family, teachers, other professional staff) should also be adequate by the end of placement.

Provisional/psychologist’s ability to generate hypotheses about what to expect on assessment, and their ability to select tests, should be developing over the course of the placement. Some guidance will be required, particularly early on the placement.

**Clinical Skills:** Provisional/psychologists should be able to establish an adequate rapport with the patient to create an appropriate testing environment. This includes showing appropriate sensitivity and listening skills, and general counselling skills (if required). They should also be able to interact appropriately with relatives/carers.

**Report Writing:** Provisional/psychologists’ report writing skills should continue to develop over the course of the second placement. Close supervision may be required initially in a new placement setting; however a basic structure should be recognisable.

The background/presenting problem and description of results should be accurate and require minor editing only. Interpretation of test results in terms of neuropsychological functioning will be developing. Data should be accurately transcribed onto a data sheet, which is clear and referenced. The provisional/psychologist may still require assistance with formulating conclusions/opinions and recommendations, as their ability to integrate data from the history, results and behavioural observations continue to develop.
Reports should be completed within the timeframe specified by the placement supervisor.

**Professional Skills:** Provisional/psychologists should be able to interact appropriately with other professionals as they learn the role of a Neuropsychologist in that particular setting.

Provisional/psychologists are also expected to maintain professional standards in terms of reliability, punctuality etc. They should familiarise themselves and work in accordance with the policies and procedures of the organisation, particularly in regard to issues of confidentiality and ethical practice.

As provisional/psychologists on a second placement are often very early in their theoretical training (coursework) they should continue to demonstrate initiative in filling the gaps in their knowledge base through additional reading and literature reviews, beyond the material provided by the placement supervisor. They should also demonstrate a working knowledge of material covered in coursework.

Provisional/psychologists are expected to keep logbooks up to date. All logbooks should be completed before the end of placement.

**Placement 3**

**Level of Independence**

**Assessment:** Provisional/psychologists should be competent in the administration and (manual) scoring of the Wechsler Scales. They should be competent in the administration and scoring of other tests they have used on previous placements. Over the course of the placement provisional/psychologists should develop proficiency in the administration and scoring of new tests they may not have used, and those that have been listed by the supervisor as essential for that placement.

Provisional/psychologists will require guidance for history taking in the initial stages as they adapt to a new placement setting. However, by the end of this placement the provisional/psychologist should have the experience and knowledge to take an adequate history from the patient. The provisional/psychologist should also be proficient in identifying relevant history from other sources, such as medical records, referral sources or corroborative witnesses (family, teachers, other professional staff) by the end of the this placement.

Provisional/psychologists’ ability to formulate hypotheses based on a patient’s history, and their ability to select tests to assess these hypotheses, should be nearing independence over the course of the placement. Some guidance may be required for complex cases.
**Clinical Skills:** Provisional/psychologists should be able to establish an adequate rapport with the patient to create an appropriate testing environment. This includes showing appropriate sensitivity and listening skills, and general counselling skills (if required). They should also be able to interact appropriately with relatives/carers.

Provisional/psychologists should have a working knowledge of common clinical psychiatric conditions such as depression, anxiety, or those commonly seen in the placement setting (e.g., PTSD in a TBI setting, psychosis in a psychiatric setting). They should be able to utilise common clinical screening tools in order to complement their own clinical assessment of such conditions. Provisional/psychologists should be able to conduct a suicide risk assessment if necessary.

**Report Writing:** The provisional/psychologist’s report writing skills should continue to develop over the course of the third placement. Close supervision may be required initially in a new placement setting, however the provisional/psychologist should be approaching independence in report writing on less complex cases. Integration of data from the history, test results and behavioural observations should be achieved.

The ability to see implications for diagnosis and/or management, and make appropriate recommendations should be developing, although guidance from the supervisor will still be necessary at times, particularly with more complex cases. Data should be accurately transcribed onto a data sheet, which is clear and referenced.

Reports should be completed within the timeframe specified by the placement supervisor.

**Professional Skills:** Provisional/psychologists should be able to interact appropriately with other professionals as they learn the role of a Neuropsychologist in that particular setting.

Provisional/psychologists are also expected to maintain professional standards in terms of reliability, punctuality etc. They should familiarise themselves and work in accordance with the policies and procedures of the organisation, particularly in regard to issues of confidentiality and ethical practice.

Provisional/psychologists should demonstrate a working knowledge of material covered in coursework. They should continue to show initiative in filling the gaps in their knowledge base through additional reading and literature reviews, beyond the material provided by the placement supervisor.

Provisional/psychologists are expected to keep logbooks up to date. All logbooks should be completed before the end of placement.

**Placement 4**

**Level of Independence**
**Assessment:** Provisional/psychologists should be competent in the administration and (manual) scoring of the Wechsler Scales. They should be competent in the administration and scoring of other tests they have used on previous placements. Over the course of the placement provisional/psychologists should develop proficiency in the administration and scoring of new tests they may not have used, and those that have been listed by the supervisor as essential for that placement.

By the end of the fourth placement, the provisional/psychologist should be relatively independent and capable of handling routine cases (and even some less routine ones) with minimal assistance from the supervisor. In cases which are unusual, or conditions which they have not encountered before, they should demonstrate the ability to collect the appropriate data, i.e., history from whatever sources are available, seeking information about the condition from the literature, and be able to formulate suitable differential diagnoses. The provisional/psychologist should also be able to select appropriate tests in order to test the hypotheses they have made.

**Clinical Skills:** Provisional/psychologists should be able to establish an adequate rapport with the patient to create an appropriate testing environment. This includes showing appropriate sensitivity and listening skills, and general counselling skills (if required). They should also be able to interact appropriately with relatives/carers.

Provisional/psychologists should have a working knowledge of common clinical psychiatric conditions such as depression, anxiety, or those commonly seen in the placement setting (e.g., PTSD in a TBI setting, psychosis in a psychiatric setting). They should be able to utilise common clinical screening tools in order to complement their own clinical assessment of such conditions. Provisional/psychologists should be able to conduct a suicide risk assessment if necessary.

**Report Writing:** Provisional/psychologists’ report writing skills should continue to develop over the course of the fourth placement. The provisional/psychologist should be relatively independent in report writing on less complex cases, with minimum assistance required for more complex cases. Integration of data from the history, test results and behavioural observations should be achieved.

The ability to see implications for diagnosis and/or management, and make appropriate recommendations should be relatively independent by the end of the placement, although guidance from the supervisor will still be necessary at times, particularly with more complex cases. Data should be accurately transcribed onto a data sheet, which is clear and referenced. Reports should be completed within the timeframe specified by the placement supervisor.

**Professional Skills:** Provisional/psychologists should be able to interact appropriately with other professionals as they actively participate in the role of a Neuropsychologist in that particular setting or team.
Provisional/psychologists are also expected to maintain professional standards in terms of reliability, punctuality etc. They should familiarise themselves and work in accordance with the policies and procedures of the organisation, particularly in regard to issues of confidentiality and ethical practice.

Provisional/psychologists should demonstrate a working knowledge of material covered in coursework. They should continue to show initiative in filling the gaps in their knowledge base through additional reading and literature reviews, beyond the material provided by the placement supervisor.

Provisional/psychologists are also encouraged to develop their peer support networks as they make the transition to independent practice. Together with the supervisor, the provisional/psychologist should identify their professional strengths and interests, and discuss how to recognize when peer support/supervision may be required in the future.

Summary of Skill Development
D = developing
C = competent

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<tr>
<th></th>
<th>Placement</th>
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<tr>
<td></td>
<td>1</td>
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<tr>
<td><strong>Assessment</strong></td>
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<tr>
<td>Test administration</td>
<td>C</td>
</tr>
<tr>
<td>Wechsler</td>
<td></td>
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<tr>
<td>Test administration</td>
<td>D</td>
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<tr>
<td>Other</td>
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<tr>
<td>History taking</td>
<td>D</td>
</tr>
<tr>
<td>Test selection/</td>
<td>D</td>
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<tr>
<td>hypothesis generation</td>
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<tr>
<td><strong>Clinical/Professional Skills</strong></td>
<td></td>
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<tr>
<td>Client interaction</td>
<td>D-C</td>
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<tr>
<td>Psychological knowledge</td>
<td>D</td>
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<tr>
<td>Knowledge seeking</td>
<td>C</td>
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<tr>
<td><strong>Report Writing</strong></td>
<td></td>
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<tr>
<td>Background/Results</td>
<td>D</td>
</tr>
<tr>
<td>Conclusion/Recommendation</td>
<td>D</td>
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APPENDIX C: PLACEMENT SUPERVISOR’S EVALUATION FORM

Note: The placement supervisor’s evaluation form is to be completed online via the following link: https://macquariehs.qualtrics.com/jfe/form/SV_9YVMb1CuEdAEfXe

The following form is not to be submitted. It is provided only provided as a reference.

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<thead>
<tr>
<th>Master of Clinical Neuropsychology Placement Supervisor’s Evaluation Form</th>
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<tbody>
<tr>
<td>Provisional/psychologist Name:</td>
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<tr>
<td>Provisional/psychologist Number:</td>
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<tr>
<td>Supervisor(s):</td>
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<tr>
<td>Institution:</td>
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<tr>
<td>Dates of Placement From:</td>
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<td>To:</td>
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<tr>
<td>Placement Number:</td>
</tr>
<tr>
<td>Review Type: Mid-Placement / End of Placement</td>
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<tr>
<td>Previous Placements:</td>
</tr>
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</table>

Please tick the rating(s) that applied for each of the following areas of clinical practice.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>NA</td>
<td>not applicable</td>
</tr>
<tr>
<td>U</td>
<td>unsatisfactory</td>
</tr>
<tr>
<td>B</td>
<td>below standard / more work needed</td>
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<tr>
<td>D</td>
<td>developing at appropriate level</td>
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<tr>
<td>A</td>
<td>performing above expectations</td>
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<tr>
<td>C/I</td>
<td>competent / independent</td>
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ASSESSMENT SKILLS

<table>
<thead>
<tr>
<th>Knowledge of Tests</th>
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<tbody>
<tr>
<td>Knowledge of advantages and disadvantages of various assessment procedures</td>
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<tr>
<td>Selection of appropriate tests</td>
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<tr>
<td>Formulation of neuropsychological hypotheses</td>
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<td>Comments:</td>
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<tr>
<th>Patient History</th>
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<tbody>
<tr>
<td>History taking from patient</td>
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<tr>
<td>Behavioural observations</td>
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<tr>
<td>Collecting information from other sources i.e. relatives, other staff, medical records</td>
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<td>Comments:</td>
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<tr>
<td>Test Administration</td>
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<td>---------------------</td>
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<tr>
<td>Wechsler</td>
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<tr>
<td>Other</td>
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<td>Test Scoring</td>
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<tr>
<th>CLINICAL SKILLS</th>
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<tr>
<td>NA</td>
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### Interactions with Patient and Families/Carers
- Establishes adequate rapport with client.
- Appropriate sensitivity and listening skills
- General counselling skills if required
- Explains reasons for procedures/negotiates treatment goals
- Provides feedback of neuropsychological results to the patient families in a practical and meaningful way
- Provides feedback of neuropsychological assessment to other professionals, such as multidisciplinary teams, schools etc in a professional manner

Comments:

### Preparation
- Knowledge of relevant conditions
- Background reading about disorders in clients referred for assessment

Comments:

### Knowledge & Assessment of Clinical Conditions e.g. depression, anxiety, PTSD, schizophrenia etc
- Knowledge of commonly used clinical rating scales
- Knowledge of symptoms and criteria for diagnosis
- Appropriate sensitivity during clinical assessment
- Knowledge of suicide risk assessment

Comments:

### REPORT WRITING
| NA   | U | B | D | A | C/I |

### Background
- Description of client’s presentation/ reason for referral
- Description of history and integration of background information from multiple sources

Comments:
<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate interpretation of test results, i.e. correct labels for intact or poor performance</td>
</tr>
<tr>
<td>Accurate description of results in terms of neuropsychological functioning/domains</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summary and Opinion/Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of data from assessment, patient history, and knowledge of neuropsychological conditions</td>
</tr>
<tr>
<td>Addresses referral question and/or differential diagnoses</td>
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<tr>
<td>Conclusions consistent with relevant literature</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

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<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>Addresses referral question and concerns of patient</td>
</tr>
<tr>
<td>Practical and easily understood</td>
</tr>
<tr>
<td>Considers patients cognitive, psychological, physical and social needs as required</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

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<tr>
<th>General</th>
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<tbody>
<tr>
<td>Overall style, including clarity of expression, conciseness</td>
</tr>
<tr>
<td>Awareness of audience</td>
</tr>
<tr>
<td>Efficiency – reports completed within specified timeframe</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROFESSIONAL SKILLS</th>
</tr>
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<tbody>
<tr>
<td><strong>Response to supervision</strong></td>
</tr>
<tr>
<td>Accepts feedback from supervisor</td>
</tr>
<tr>
<td>Able to incorporate supervisor's suggestions into practice</td>
</tr>
<tr>
<td><strong>Interaction with Other Staff</strong></td>
</tr>
<tr>
<td>Relates with other professionals and keeps them informed; participates in case discussions, team meetings, etc.</td>
</tr>
<tr>
<td><strong>Knowledge level</strong></td>
</tr>
<tr>
<td>Knowledge of material provided by placement supervisor and demonstrated initiative in seeking additional knowledge</td>
</tr>
<tr>
<td><strong>Confidentiality/Awareness of Ethical Issues</strong></td>
</tr>
<tr>
<td>Respects and maintains confidentiality of client information</td>
</tr>
<tr>
<td>Abides by policies and procedures regarding patient files and notes</td>
</tr>
<tr>
<td>General Professionalism</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Punctuality: On time for appointments, supervision sessions.</td>
</tr>
<tr>
<td>Attends meetings, returns borrowed materials etc.</td>
</tr>
<tr>
<td>Work Rate and General Efficiency: Meets deadlines etc.</td>
</tr>
<tr>
<td>Record Keeping: adequate filing of case notes, data, reports etc. Maintenance of Log Book.</td>
</tr>
<tr>
<td>Knowledge of Policies and Procedures Manual</td>
</tr>
<tr>
<td>Knowledge of OH &amp; S policies and responsibilities i.e. appropriate clothing and footwear for the setting</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
</tbody>
</table>

Areas of special competence:

Improvements seen during placement:

Areas needing further work:

General comments

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OVERALL PERFORMANCE RATING

<table>
<thead>
<tr>
<th>Required level of clinical competence met</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Required level of clinical competence not met</td>
<td></td>
</tr>
</tbody>
</table>

Unsatisfactory

Below standard/more work needed

Developing at appropriate level

Performing above placement expectations

Provisional/psychologist Signature: ____________________________ Date: ___________________

Supervisor’s Signature: ____________________________ Date: ___________________

* See Field Placement Manual Appendix A pages 21-26 for required levels of clinical competence
APPENDIX D: SUPERVISION AGREEMENT FORM

Note: The supervision agreement form is to be completed online via the following link:
https://macquariehs.qualtrics.com/jfe/form/SV_1RnRWR7xU1avLBW

The following form is not to be submitted. It is provided only provided as reference.

MASTER OF CLINICAL NEUROPSYCHOLOGY
SUPERVISION AGREEMENT

A: CLINICAL PLACEMENT EXPECTATIONS
Placements 1 and 2

At this stage provisional/psychologists should demonstrate competence in administration and scoring of the basic tests, i.e. those tests that have been listed by the supervisor as essential for that placement.

They should be able to take an adequate history from the patient and from the medical file (where this is available). These skills should be developed during the first two placements so that by the end of the second the provisional/psychologist is relatively independent in this area.

They should be able to develop an adequate rapport with the patient, and to interact appropriately with other professionals where this is required. Again these skills may need to be developed during the first two placements, but if there are serious problems then these should be discussed with the Placement Coordinator.

At this stage provisional/psychologists will still be developing their knowledge of relevant clinical conditions, and the advantages and disadvantages of particular assessment procedures. However, they should have the ability to seek the relevant knowledge, if this is not already available and to begin to generate hypotheses about what to expect. Similarly, they should be beginning to develop the ability to interpret the test results in terms of neuropsychological functioning. Report writing should be improved, initially with close supervision, but gradually developing more independence. Provisional/psychologists are expected to keep Log Books up to date, and to maintain professional standards in terms of reliability, punctuality, etc.

Placements 3 and 4

During the third placement provisional/psychologists should be approaching independence on the more routine or uncomplicated assessments. They should be able to move from the history to formulation of hypotheses, selection of tests, etc.

They also are approaching independence in writing reports in which integration of data from the history, test results, behavioural observations, etc. is achieved.
The ability to see the implications for diagnosis and/or management and to make appropriate recommendations should be developing at this stage, although guidance from the supervisor will still be necessary at times, especially with more complex cases.

By the end of the fourth placement the provisional/psychologists should be relatively independent, i.e. they ought to be capable of handling routine cases and even some less routine ones with minimum assistance from the supervisor. In cases which are unusual, or conditions which they have not encountered before, they should demonstrate the ability to collect the appropriate data, i.e. history from whatever sources are available, seeking information about the condition, e.g. in the literature or from someone with experience of that disorder, and to formulate and test hypotheses about the neuropsychological functioning.

By the end of the fourth placement the provisional/psychologist should have demonstrated an ability to communicate results to other professionals and to relatives where this is required.

Provisional/psychologist Name: ____________________________

Provisional/psychologist No: ____________________________

Placement No: 1 2 3 4 5

Supervisor(s):_____________________________________________________

Institution:________________________________________________________

Commencement date:_________________________________________________

Expected completion date:____________________________________________

Proposed date of mid-placement review:________________________________

Placement days:______________________________________________________
GOALS

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

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___________________________________________________________________________

Supervisor: ___________________ Provisional/psychologist: ______________

Date: __________________________ Date: ____________________________
### APPENDIX E: LOG BOOK TEMPLATE

**MASTER OF CLINICAL NEUROPSYCHOLOGY LOG BOOK TEMPLATE**

<table>
<thead>
<tr>
<th>Patient Identification</th>
<th>Case Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td>Date of Assessment</td>
</tr>
</tbody>
</table>

**Reason for Assessment:**

**Summary of findings:**

(Numerical data and normative data reference sources must be submitted on a separate attached sheet).

**Diagnosis/patient group:**

**Provisional/psychologist’s:** ___________________ **Supervisor’s:** ___________________

Signature                                                   Signature
APPENDIX F: PROVISIONAL/PSYCHOLOGIST’S PLACEMENT EVALUATION FORM

Note: The supervision agreement form is to be completed online via the following link:
MUPC placements: https://mqedu.qualtrics.com/jfe/form/SV_4PzipHSXuKnbjzD
External placements: https://macquariehs.qualtrics.com/jfe/form/SV_aWfU6saQdO6qGQA

The following form is not to be submitted. It is provided only provided as a reference.

<table>
<thead>
<tr>
<th>MASTER OF CLINICAL NEUROPSYCHOLOGY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVISIONAL/PSYCHOLOGIST’S PLACEMENT EVALUATION FORM</td>
</tr>
</tbody>
</table>

Provisional/psychologist’s name: ________________________________________________________________
(You may choose to omit this if you wish for the evaluation to remain confidential)
Supervisor:________________________________________________________________________________

Agency: __________________________________________________________________________________

Dates of placement: From _______________ To _______________

ALL RATED AS: 0 1 2 3 4 5 NA

POOR EXCELLENT

RATE THE PLACEMENT IN TERMS OF DEVELOPING YOUR:

Areas of competence and experience in terms of your contracted goals 0 1 2 3 4 5 NA

Assessment/Initial Interviewing skills 0 1 2 3 4 5 NA

Relationship with clients/patients 0 1 2 3 4 5 NA

Case Formulation Skills 0 1 2 3 4 5 NA

Diagnostic skills 0 1 2 3 4 5 NA

Utilisation and interpretation of Tests and Questionnaires 0 1 2 3 4 5 NA

Report Writing/File Keeping Skills 0 1 2 3 4 5 NA

Rehabilitation skills/models 0 1 2 3 4 5 NA

Sense of identity as a Clinical Neuropsychologist 0 1 2 3 4 5 NA
Understanding of administrative and organisational aspects of the organisation
Understanding of Professional Issues (professional conduct, various roles and duties of a psychologist, operation of a multidisciplinary team, etc)

Developing confidence in presenting material to other professionals

<table>
<thead>
<tr>
<th>RATE THE SUPERVISION PROCESS IN TERMS OF:</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Style</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Availability</td>
<td></td>
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<td>Responsiveness to your needs</td>
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<td>Capacity to impart expertise and knowledge in the area</td>
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<td>Sensitivity and capacity to address personal issues that impact on you in the placement</td>
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<td>Capacity to give support and guidance as required</td>
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<td>Ability to give sensitive feedback about problems or weaknesses</td>
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PLEASE RATE THE OPPORTUNITIES ON THE PLACEMENT FOR:

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<th></th>
<th>0</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client contact</td>
<td></td>
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<tr>
<td>Contact and discussion with other professionals or peers</td>
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<tr>
<td>A varied caseload</td>
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<tr>
<td>Capacity to resolve conflict</td>
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OVERALL WAS THE PLACEMENT:

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<th>0</th>
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<th>3</th>
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<th>5</th>
<th>NA</th>
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<tr>
<td>Worthwhile?</td>
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<td>Stimulating and enjoyable?</td>
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</tbody>
</table>
COMMENT ON ASPECTS OF THE PLACEMENT WHICH WERE MOST HELPFUL AND APPRECIATED? WHY?

WHAT WOULD YOU LIKE TO SEE IMPROVED?

WHAT HAVE YOU LEARNED ABOUT YOURSELF FROM THIS PLACEMENT?

WHAT ADVICE WOULD YOU GIVE TO OTHER PROVISIONAL/PSYCHOLOGISTS COMING INTO THIS PLACEMENT?

RATING OF THE PLACEMENT OVERALL: 0 1 2 3 4 5
APPENDIX G: TEMPLATE FOR LOGGING OF PLACEMENT HOURS

The following forms are not to be submitted. They are provided only provided as a reference.

Macquarie University Masters in Clinical Neuropsychology/DPsyCh

Placement activity and supervision log

<table>
<thead>
<tr>
<th>Student Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Placement No</th>
<th>Organisation</th>
<th>Supervisor</th>
<th>Client Hrs</th>
<th>Supervision Hrs</th>
<th>Total Hrs</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(A table with columns for week, date, placement hours, activity, client hours, supervision hours, total hours, supervisor comments, student comments, and supervisor comments is shown, but not transcribed.)
APPENDIX H: ELECTRONIC LOGBOOK DECLARATION

The following forms are not to be submitted. They are provided only provided as a reference.

Master of Clinical Neuropsychology/ Doctor of Psychology
(ClinNeuro)

Electronic Logbook Declaration

I, ________________________________, have supervised ________________________________

on a placement at ________________________________

from the date ________________________________ to the date ________________________________

I have reviewed this student’s logbook spreadsheet throughout this placement, and I am satisfied that it is an accurate record of the activities and supervision conducted.

At the completion of the placement, the record of hours read as thus:

Total Placement

Total Group Client Contact

Total Individual Client Contact

Total Group Supervision

Total Individual Supervision

Supervisor’s signature: ________________________________ Date: ________________________________

APPENDIX I: CONSENT TO DISCUSS PLACEMENT PROGRESS WITH EXTERNAL SUPERVISORS
CONSENT TO DISCUSS PLACEMENT PROGRESS WITH EXTERNAL SUPERVISORS

I, _______________________________________________________ hereby give permission for my Primary Supervisor and/or the Placement Coordinator to discuss my progress through placements with potential field supervisors. I understand this may include release of mid and end placement reviews from previous placements, and discussion of possible areas of special need.

I understand that this is to help facilitate a positive learning experience in my external placements, and to ensure potential supervisors are fully informed of relevant issues before a placement commences. This will enable development of appropriate goals and placement experiences.

Signature: ________________________________________________

Date: _____________________________________________________