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- This form must be submitted to [psychology-wpl@csu.edu.au](mailto:psychology-wpl@csu.edu.au) no later than 2 weeks after the commencement of placement.
- Charles Sturt will handle your personal information contained in this form pursuant to its obligations contained in the *Privacy and Personal Information Protection Act 1989 (NSW)* and the university's Privacy Management Plan.

Course

Subject

Session

### SECTION 1: Student Details

Title

Family name

First name

Student ID

Preferred contact phone

Email

### SECTION 2: Host Organisation

Name of organisation

### SECTION 3: Placement Location

### SECTION 4: Supervision

#### Supervisor 1

Title

Family name

First name

PsyBA registration number

#### Supervisor 2

Title

Family name

First name

PsyBA registration number

### Section 5: Placement Details

#### Type of placement (*select all applicable*)

Adult Mental Health Adult

Adult Community Health

Adult Forensic

Neuropsychological Child

Child & Adolescent Mental Health

Developmental Disability

Neuropsychological

Child & Family Community Health

Juvenile Forensic

Other (*provide details below*)

**Learning objectives** (refer to subject outline)

- 1
- 2
- 3
- 4
- 5
- 6

**Formal supervision appointments**

**Frequency**

Other (provide details)

**Duration**

Other (provide details)

**Supervision methods (select all applicable) *MUST include direct observation and/or video recordings***

Direct observation of clinical work.

Review audio or video recordings.

Review file notes and written reports.

Post hoc discussion of selected cases.

Review case load (no. clients and nature of problems).

Group case discussions.

Direction to and discussion of relevant literature.

**Contributions expected from student (select all applicable)**

Adequate preparation for supervision meetings.

Primary responsibility for maintenance of records of supervisory contact and content of meetings.

Maintenance of adequate contact between supervision meetings.

Provision of notice if needing to cancel supervision meetings.

Adherence to the components of the supervision agreement.

Informing supervisor of the need to discuss and/or revise the supervision agreement.

**Contributions expected from supervisor (select all applicable)**

Adequate preparation for supervision meetings.

Contribution to maintenance of records of supervisory contact and content of meetings.

Maintenance of adequate availability for contact between supervision meetings.

Provision of notice if needing to cancel supervision meetings.

Adherence to the components of the supervision agreement.

Informing student of the need to discuss and/or revise the supervision agreement.

Other *(provide details)*.

### Classification of field placement hours

***It is agreed that the following activities will, for the purposes of this placement, be counted toward direct Client Contact hours (CC).***

Face-to-face meetings with clients for the purposes of intake, interview, assessment, psycho-education, therapy, etc.

Telehealth or videoconference contact with clients (more than 5 minutes in duration) where issues relevant to the provision of psychological services are discussed.

Observation of other professionals while they are engaged in direct client contact (e.g., observing assessment or therapy sessions, intake interviews, etc).

Contact with referrers, parents, siblings, spouses, or teachers of the primary client (i.e., others who may also be considered "clients" of the service).

Psychological services delivered to a group (Note: should be recorded in relation to the duration of contact with the group not in relation to the number of people in the group).

Other *(provide Details)*.

***It is agreed that the following activities will, for the purposes of this placement, be counted toward Client-Related activities (CR).***

Scoring of psychological tests.

Interpretation of psychological tests.

Writing case notes, reports of assessment, progress reports, discharge summaries, etc.

Liaison with other professionals in the agency or unit regarding client issues.

Agency-related case-focused meetings where the placement supervisor is not present.

Activities undertaken in preparation for client contact, such as:

Reading relevant literature on the problem area or intervention;

Becoming familiar with psychological tests or procedures before administration;

Reading case files, reports, & other records;

Preparing case formulations and treatments plans, psycho-educational materials, etc.

Other *(provide Details)*.

***It is agreed that the following activities will, for the purposes of this placement, be counted toward Supervisory Contact hours (SC).***

*Note: When recording supervisory contact hours, the emphasis is on the opportunities supervisors have had to observe student professional behaviour in a variety of contexts, including provision of psychological services to clients, interacting with other professionals within and external to the placement organisation, and daily functioning within the organisation unit.*

Face-to-face supervision meetings between the student and the nominated supervisor(s) where cases and professional issues are discussed.

Telehealth supervision meetings between the student and the nominated supervisor(s) where cases and professional issues are discussed.

Clinical activities where the student and nominated supervisor(s) are both involved in providing psychological services (e.g., co-therapy with individuals or groups). Note: these types of activity can be counted as direct client contact OR supervisory activity, not both.

Clinical activities where the nominated supervisor is there to observe the student's practice only (i.e., the supervisor is not actually participating in the assessment or therapy session as is the case above). This includes time spent reviewing video or audiotapes of the student's clinical practice sessions, and providing feedback on written reports or notes. Note: Time involved in observing, but not participating in, the clinical practice of the supervisor counts toward client contact hours not supervision hours. See point 3 in the preceding section.

Time spent by your nominated supervisor independently (i.e., not in your presence) reviewing video or audio recordings of your professional work, or reviewing your written work.

Group supervision activities where a nominated supervisor is present.

Work-related meetings, such as case conferences or reviews, service development meetings, professional development activities, where a nominated supervisor is present.

Other (*provide detail*).

***It is agreed that the following activities will, for the purposes of this placement, be counted toward Supervision-Related hours (SR).***

Time spent with other professionals who are not the nominated and approved supervisors for the placement, but who are providing guidance or feedback on clinical practice (i.e., taking a supervisory role for a specific activity).

Group supervision meetings where the nominated placement supervisor is not present.

Activities undertaken in preparation for supervision, such as:

Reading relevant literature on the problem area or intervention;

Becoming familiar with psychological tests or procedures before administration;

Reading case files, reports, and other records;

Preparing case formulations and treatments plans;

Preparing an agenda for a supervision meeting;

Preparing a case summary for presentation in supervision (group or individual).

***It is agreed that the following activities will, for the purposes of this placement, be counted toward Other hours (O).***

Time devoted to becoming familiar with organisational/agency procedures, services, policies, etc. (e.g., induction period).

Agency-related meetings where the nominated supervisor is not present (nor is any other professional in a supervisory role).

Professional development activities that are relevant to the placement setting, but that were not attended by the nominated supervisor or any other person in a supervisory role.

Travel time required to attend client appointments within the working day (e.g., undertaking home visits or providing outreach services). *Note: this does not include travel from home to the placement setting or from the placement setting to home.*

Other (provide Details).

### **Additional Information**

Name Student

Name Supervisor 1

Name Supervisor 2

Signature Student

Signature Supervisor 1

Signature Supervisor 2

Date

Date

Date

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### **Charles Sturt office use only**

**Approved**

Yes

No

**Comment**

Placement Coordinator (Academic)

Date

Signature