Charles Sturt University

Faculty of Business, Justice and Behavioural Sciences

Psychology

Placement Application

Form A

To enable this electronic form, first save then reopen as a PDF file as it will not function properly within a browser window. The current version of Adobe Acrobat Reader is required for full functionality.

- Computer version: https://rebrand.ly/adodepdf

- Mobile app version to assist with form on devices: https://rebrand.ly/adobepdfmob

- **This form must be approved before commencing placement. Incomplete forms will be returned to the student.**
- **Current CVs of the student and all proposed supervisors must be submitted with this form.**
- **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 | Email

Phone | PsyBA registration | Expiry

Current Working With Children Check (WWCC) number | Expiry

Current employer

Ability to undertake placement

Do you have a disability/medical condition or personal circumstance which may impact on the participation requirements of workplace learning? If yes, please detail/describe the impact your circumstance will have on participating on placement.

If yes, please specify

SECTION 2: Host Organisation

Name of organisation

Address

City | State | Postcode

Phone | Website | ABN

SECTION 3: Proposed Supervisor

Title | Family name | First name

Employer

Position | Email:

Employer address

City | State | Postcode

Phone | Website | ABN

Qualification	Institution	Year completed

PsyBA registration number

Areas of endorsement

Membership of professional organisations

Primary therapeutic model/orientation

Supervision training and experience *(provide a brief description of previous training and experience in clinical supervision)*

Areas of interest and expertise

What is the relationship of the supervisor to the placement organisation?

Proposed Supervisor 2

Title | Family name | First name

Employer

Position | Email

Address

City | State | Postcode

Phone | Organisation website

Qualification	Institution	Year completed

PsyBA registration number

Areas of endorsement

Membership of professional organisations

Primary therapeutic model/orientation

Supervision training and experience *(provide brief description of previous training and experience in clinical supervision)*

Areas of interest and expertise

What is the relationship of the supervisor to the placement organisation?

SECTION 4: Stream Selection

Select the most appropriate Stream:

Stream 1: Placement with new host organisation *(where agency is not the current employer)*

Stream 2: Placement with existing employer *(where agency is the employer)*

Proposed commencement date

Mid-Placement Review date

Completion date

Client population ☐ Adolescents ☐ Adults ☐ Children ☐ Older Adults

Provide number of placement days per week.

Provide a brief description of placement duties and population.

What is the type of clinical work to be undertake with this organisation?

Are there any prerequisite skills/knowledge or conditions required prior to undertaking this placement? *(Include immunisation/vaccination requirements, police check, working with children check)*

Are there any specific tests, readings, or references that requires familiarisation prior to commencing this placement?

Are there any specific features of the placement or further comments you would like to add?

SECTION 5: Consent

I give my consent to Charles Sturt University to provide my name, email and contact telephone numbers to relevant personnel at the placement organisation to be able to contact me in relation to the placement if necessary.

I give my consent to Charles Sturt University to disclose relevant personnel at the placement organisation any personal information which I have provided to ensure that my learning needs can be met and to ensure the success of the placement.

I declare the information and supporting documents provided in this form are correct and complete. I acknowledge that submitting deliberately false or misleading information may result in the application being rejected and action being taken against me pursuant to applicable Charles Sturt University misconduct policies.

I give consent for Charles Sturt University to use collective data from this placement for other purposes.

I give consent for my name to be included. Note: if no, Charles Sturt University will attribute as anonymous.

Current CVs of the student and all proposed supervisors must be submitted with this form.

Student signature

Date

How to create a digital signature

Save form to a hard drive and email to Workplace Learning team.
psychology-wpl@csu.edu.au

Section 6: Charles Sturt office use only

Placement

Approved Yes ◯ No ◯

Supervisor 1

Approved Yes ◯ No ◯ **PsyBA number**

AHPRA Approved Supervisor 4+2 ☐ 5+1 ☐ Higher Degree ☐ Registrar ☐

CV on file Yes ◯ No ◯

Comments

Supervisor 2

Approved Yes ◯ No ◯ **PsyBA number**

AHPRA Approved Supervisor 4+2 ☐ 5+1 ☐ Higher Degree ☐ Registrar ☐

CV on file Yes ◯ No ◯

Pre-Placement Competencies for PSY568

Counselling Skills ☐ **Yes** ☐ **Not applicable**

Ethics ☐ **Yes** ☐ **Not applicable**

Comments

Placement Coordinator (Academic)

Signature **Date**

Email to WPL