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- Computer version: <https://acrobat.adobe.com/au/en/acrobat/pdf-reader.html>

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- 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.
- Please complete a Student Placement Agreement and submit 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
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How many hours do you intend to complete for this placement? (use digits only)

### 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

Select 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

Select 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

Save form to a hard drive and email to  
Workplace Learning team.  
[psychology-wpl@csu.edu.au](mailto:psychology-wpl@csu.edu.au)

[How to create a digital signature](#)

**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**

**7 ca a Yblg**

**Placement Coordinator (Academic)**

**Signature**

**Date**