

Te Poari o ngā Kaihaumanu
Hinengaro o Aotearoa

The Psychotherapists Board
of Aotearoa New Zealand

Board-approved supervisor application

In order to protect the health and safety of the public using a psychotherapist's services, Te Poari o ngā Kaihaumanu Hinengaro o Aotearoa (the Board) requires regular and ongoing clinical supervision of a psychotherapist's practice (see the Board Policy Statement on Psychotherapist Clinical Supervision).

The Board recognises that professions other than psychotherapy may be competent to provide this supervision and needs to ensure as far as possible that those providing clinical supervision are competent to do so. This form will assist this process by enabling you to provide the Board with information on your suitability as a psychotherapist clinical supervisor.

In completing this form, you are seeking appointment as a primary clinical psychotherapist supervisor. Other aspects of supervision such as specialist, cultural and workplace supervision may be entered into in addition to clinical supervision.

Child and adolescent psychotherapist specialism supervision

Supervisors wishing to supervise the clinical practice of a practitioner registered in the Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism will need to demonstrate in-depth knowledge of the clinical competencies required for that scope of practice. They will also need to demonstrate they have clinical experience working with children, adolescents and families.

Clinical supervision is to be provided by either:

- a registered psychotherapist with a current annual practising certificate or
- a health practitioner registered under the Health Practitioners Competence Assurance Act 2003 with a current annual practising certificate and approved by the Board as having sufficient psychotherapy training, knowledge, skills and professional development.

Registered psychotherapist seeking approved supervisor

Name: _____ Scope of practice: _____

Proposed supervisor

Name: _____

Profession with which you are registered under the HPCA Act: _____

Do you hold a current APC? No Yes No

Do you have any restrictions on your practice? Yes No

If yes, please provide a separate statement detailing the condition or restriction and any relevant details.

Have you included an up-to-date copy of your CV? Yes No

This form seeks details of how your psychotherapy knowledge, training, skills and professional development have been gained. Please fill out the following sections on:

- training and knowledge
- professional development and clinical experience
- skills
- supervision.

Training and knowledge		
Do you hold a qualification in psychotherapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of qualification:		
Duration of study and year awarded:		
Additional comments:		
Do you hold a qualification that incorporates a significant focus on psychotherapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of qualification:		
Duration of study and year awarded:		
Specific areas of psychotherapy content and practice within this qualification:		
If your qualification and/or training was gained outside New Zealand, please advise how you have developed sufficient knowledge in relation to New Zealand law and statutory processes and bicultural understanding.		

Professional development and clinical experience
Please provide details of your own supervised clinical psychotherapy practice during training.

Assessment of clinical psychotherapy competence

by: programme(s) of study:

or

relevant professional body:

Please identify any professional development completed that has added to your psychotherapy knowledge and skills (*continue on a separate page if necessary*).

Name of programme:

Duration and year:

Additional comments:

Skills

Please outline how your psychotherapy skills were developed and how they have been assessed.

Supervision

How long have you been providing clinical psychotherapy supervision?

Please provide the details of any formal supervision training undertaken.

Have you received any endorsement of your supervision practice such as professional body attestation, and is this still current? If so, please provide evidence of this.

If you are not currently practising psychotherapy, please provide details of any previous supervised clinical psychotherapy practice including the duration.

Please provide details of any ongoing supervision arrangements you have in relation to your own supervised psychotherapy clinical practice.

Additional information

Please include any additional information that demonstrates your psychotherapy training, knowledge, professional development and skills.

Declaration

I accept that my name will appear on the Board approved supervisor list within the MyPBANZ portal.

I solemnly and sincerely declare that all the details and information provided in respect of my application with the Board are true and correct.

Signed:

Dated: