

## PLACEMENT OFFER FORM

*Thank you for considering a UNE Master of Psychology (Clinical) student for a placement within your organisation. Please note students will present this form to the UNE Placement Coordinators for review prior to placement.*

*Placements are considered confirmed only after a successful pre-placement interview with the student and once paperwork has been ratified by UNE Placement Coordinators. The placement agency reserves the right to confirm the offer of a placement after a pre-placement interview has taken place.*

☐ **Trimester 1** (Commencing February), ☐ **Trimester 2** (Commencing July)

PLACEMENT AGENCY			
Organisation Name			
Unit/Branch/Dept.			
Street Address			
Contact Number		ABN	
General reception or office email address			
Sector	<input type="checkbox"/> Government <input type="checkbox"/> Non-government <input type="checkbox"/> Community Health <input type="checkbox"/> FACS <input type="checkbox"/> Corrective Services <input type="checkbox"/> Private Practice <input type="checkbox"/> Other _____		
CONTACT PERSON			
Name		Position	
Work Phone Number		Email Address	

Information provided in this form will be used by UNE's School of Psychology placement coordination team to facilitate student placement. Contact details provided will be passed on to the placement student and their supervisors who may wish to contact you directly. Once returned the form will be stored securely in UNE's records management system and retained in accordance with the *State Records Act 1998*. Information will be kept in accordance with UNE's [Privacy Management Rule](#) and all relevant Australian Privacy legislation. Any questions regarding the storage or use of this information should be directed to the Placement Coordinator ([psych-placements@une.edu.au](mailto:psych-placements@une.edu.au))

### PROVISION OF SUPERVISION BY A REGISTERED PSYCHOLOGIST WITH ENDORSEMENT AS A CLINICAL PSYCHOLOGIST

By providing contact details in this section, you agree to UNE providing this information to the student and placement supervisors.

<b>Is there a registered psychologist with endorsement as a clinical psychologist who is also a board approved supervisor and can provide formal supervision for the student?</b>		<input type="checkbox"/> <b>NO</b> – If no, contact the Placement Team to discuss whether the placement meets requirements.  <input type="checkbox"/> <b>Yes</b> - If yes, please provide the below details.	
<b>Does this person have a minimum of two years' clinical psychology practice experience?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Will the supervisor be on-site?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Off-site Supervision:</b> are facilities and policies in place to allow the off-site supervisor to directly observe the students practice and is there an on-site AHPRA-registered clinician who can provide support to the student if needed? (Note: student to provide Consent to Provide Oversight form)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Is this person able to provide a minimum of:</b>			
<b><u>MPSYC: PSYC 514</u></b> 50 hours of supervision* (1 hour per 7.5 total placement hours) and 150 hours of client contact with a total of 350 hours during the placement	<b><u>MPSYC: PSYC 534/535</u></b> 25 hours of supervision* (1 hour per 15 total placement hours) and 150 hours of client contact with a total of 350 hours during the placement	<b><u>Rule B Students PSYC 535</u></b> 30 hours of supervision* (1 hour per 15 total placement hours) and 200 hours of client contact with a total of 400 hours during the placement	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>MPSYAE: PSYC534</u></b> 23 hours of supervision* (1 hour per 15 total placement hours) and 150 hours of client contact with a total of 350 hours during the placement	<b><u>MPSYAE: PSYC535</u></b> 27 hours of supervision* (1 hour per 15 total placement hours) and 150 hours of client contact with a total of 400 hours during the placement		
<b>PLACEMENT DETAILS</b>			
<b>How many students can you provide a placement for?</b>			
<b>Would you prefer to host a student for their second or final placement?</b> <input type="checkbox"/> Second Placement <input type="checkbox"/> Final Placement <input type="checkbox"/> Either			
<b>Would you prefer to host a student in:</b> <input type="checkbox"/> Trimester One – commencing February <input type="checkbox"/> Trimester Two – commencing July			
<b>Has prior approval been sought from management/HR to offer a student placement?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are tele/video conferencing facilities available that could be used for meetings between the student, supervisor, and UNE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Type of Placement (tick all that apply)</b>			
<b>a) Population</b>	<input type="checkbox"/> Elderly	<input type="checkbox"/> Adult	<input type="checkbox"/> Adolescent <input type="checkbox"/> Child
<b>b) Location</b>	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	

**Clinical competencies that the student will develop during the placement (tick all that apply):**

- ☐ Knowledge of the discipline
- ☐ Ethical, legal and professional matters
- ☐ Psychological assessment and measurement
- ☐ Intervention strategies
- ☐ Research and evaluation
- ☐ Communication and interpersonal relationships
- ☐ Working in a cross-cultural context
- ☐ Practice across the lifespan

**STUDENT REQUIREMENTS (E.G. DRIVER'S LICENCE)**

**STUDENT CHARACTERISTICS THAT WOULD BE A GOOD FIT FOR THE ORGANISATION AND SUPERVISOR (E.G., RECEPTIVE TO FEEDBACK, EXCELLENT WRITTEN SKILLS, EXPERIENCE WITH RISK MANAGEMENT)**

#### PROPOSED PLACEMENT TASKS

#### WHAT CAN A STUDENT EXPECT TO LEARN FROM THIS PLACEMENT?

Student, please return the completed form to the Psychology Placement Coordinator:

[AskUNE@une.edu.au](mailto:AskUNE@une.edu.au) and include “Psychology Placements: Pre-Placement Documents” in the title of your email.

### Thank you for supporting UNE’s Master of Psychology Program

#### **\*Activities that constitute supervision:**

##### **Direct Individual Supervision:**

- Any time students are communicating 1:1 with their primary or secondary supervisor and discussing client-related matters. This can include communication occurring face to face, Skype, telephone, or videoconferencing
- Students shadowing/observing their supervisor running a session/conducting an assessment (this can count as both client contact and supervision)
- When the student’s supervisor observes the student in a session

##### **Indirect Individual Supervision:**

- Supervisor reviews any client-related work (e.g., reviewing of student notes, emails to clients, reports, scoring of psychometric assessments)

##### **Group Supervision:**

Group Supervision is anytime you, one of the listed supervisors or an endorsed clinical psychologist and board-approved supervisor, and 1 other colleague engage in the following:

- Team meetings that focus on service provision to client/s
- Discussing clinical topics (e.g., evidence-based treatments, advancement in assessments)
- Discussion of cases