

ANNUAL TRAINING CONTRACT BETWEEN **FULL MEMBER**
INTENDING ACP AND THEIR NZAP PRIMARY TRAINING
SUPERVISOR



**THE NEW ZEALAND
ASSOCIATION OF
PSYCHOTHERAPISTS (INC.)
TE ROOPUU WHAKAORA
HINENGARO**

Training Supervisor: (Name)

Email

Address

Telephone/s

Supervisee: (Name)

Email

Address

Telephone/s

1. TRAINING SUPERVISOR and SUPERVISEE to complete the following;

Training Supervision Hours: **(Minimum of 40hrs annually)**

Supervision Hours Record

Year One:

Year Two:

Year Three:

Year Four:

Year Five:

Training Supervisor Signature:

2. SUPERVISEE to complete the following:

2a. Please select from your reading log, a book, journal article or paper which currently informs your theoretical thinking **and** has been discussed in supervision.

- 2b. Please select from your reading log, a book, journal article or paper, which has recently informed your thinking about unconscious process **and** has been discussed in supervision.
- 2c. During the past year have you written and presented one or more dynamic formulations for discussion in supervision? Please provide a comment.
- 2d. During the past year have you prepared any verbatim / transcript material for discussion in supervision? Please provide a comment.
- 2e. Please identify a professional development event you attended and provide a brief comment regarding relevance to the understanding and thinking about your training case selected for intensive focus in supervision.
- 2f. Have aspects of your development as a psychotherapist been discussed in supervision, including opportunities for the expansion of your skills and knowledge in identified areas? Please provide a comment.

3. Declaration

- 3a. If there has been a complaint or criminal charge against you, your supervisor must be informed.
- 3b. We have reviewed the Supervision and Advanced Clinical Practice Policy and Procedures documents on the website at www.nzap.org.nz and we agree to follow the Association's Code of Ethics.

Yes / No

- 3c. We hereby contract to meet **weekly** (minimum 40hrs) for the next year at an agreed fee.

- 3d. **Supervisee:** I am registered with PBANZ under HPCAA.

Yes / No

If your answer is 'No' please indicate if you have affiliation to another registering body.

Note: An ACP candidate is not entitled to use the term psychotherapist unless registered with PBANZ

Supervisee's signature:

Date:

4. Training Supervisor to complete the following:

4a. Primary Training Supervisor: I am registered with PBANZ. Please state scope of practice:

4b. Secondary Training Supervisor (if applicable):

Name:

Signature:

I am registered with PBANZ. Please state scope of practice:

4c. Has the supervisee's progression plan and area for development been presented for discussion to the TSG over the previous year?

Yes / No

4d. Please comment on your supervisee's progress in the last year and identify areas for further development.

Primary Training Supervisor's signature:

Date: