

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



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

Note:

- 1. This is the report for all Provisional Members who achieved provisional membership through a regional panel interview.**
- 2. Please complete all sections.**

Training Supervisor: (Name)

Email

Address

Telephone/s

Supervisee: (Name)

Email

Address

Telephone/s

1. TRAINING SUPERVISOR and SUPERVISEE to complete the following;

1a. Date of approval to NZAP provisional membership:

Note: This date marks the commencement of the 5year timeframe for the completion of your ACP candidacy.

1b. Training Supervision Hours: (Minimum of 40hours 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: