

**Form Number SE-4**

**Supervised Practice**

**Psychology Board of Australia**

Practitioner Details

By signing this form I confirm and acknowledge that I am aware:

1. I must complete the requisite period of supervised practice as determined by the Board and as detailed in my Return to Practice Plan (the plan).
2. I must provide progress reports to the Board as detailed in the plan, at a minimum of once every six months.
3. I must satisfactorily complete a final assessment of competence report.
4. I must provide at least one case report for every six months of full-time equivalent practice as a psychologist.

Practitioner’s declaration

Name

(Last, First)

Monitoring & Compliance number

Signature

Date

Return form to

Post

Email

Case officer