Form for documentation of the practical training programme required to become an authorised psychologist

**Occupation**

# Employee

You can find an example of a completed form (in Danish) on the website of the Danish Supervisory Board of Psychological Practice (Psykolognævnet)

1) **Psychologist** has been employed at

The applicant’s full name in block letters

2) **Name of workplace:** ……………………………………………………………………….………...

**Address:** …………………………………………………………………………………

# Work periods & periods of absence

## The psychologist’s work periods:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **From day/mth/yr**NOTE: Earliest date is date of master’s degree | **To day/mth/yr** | **Hours a week** |  | **From day/mth/yr**NOTE: Earliest date is date of master’s degree | **To day/mth/yr** | **Hours a week** |
|  |  |  |  |  |  |

**Note:** If the applicant is still employed at the employer, enter “current date” under “To day/month/year”. In such cases, the work period up to and including the date of the employer’s signature will be included.

## The applicant has had the following period of absence of more than 8 consecutive weeks:

|  |  |
| --- | --- |
| **From day/mth/yr** | **To day/mth/yr** |
|  |  |

**Contact hours**

1. **In their work as a psychologist, the applicant has completed (number of hours):**

Enter the number of contact hours the applicant has completed in relation to assessment and intervention and how many of these contact hours related to individuals, groups and/or organisations. The number of hours broken down by main areas of practice must correspond to the number of hours broken down by target groups. Time spent on preparation, report writing, etc. can not be included in the number of contact hours.

Number of contact hours broken down by assessment and intervention: Number of contact hours broken down by individuals, groups and/or organisations:

|  |  |  |  |
| --- | --- | --- | --- |
| **Hours** | **Main areas of practice:** | **Hours** | **Target groups:** |
|  | contact hours - assessment |  | contact hours - individuals |
|  | contact hours - intervention |  | contact hours - groups |
|  | contact hours - organisations |

# Employer’s confirmation of the above information

6) **Applicant’s line manager**: ……………………………………………………..…….……

Name in block letters

………………………………………………………. …………………………………..……………………………….

Date Signature

## Note: Please attach a job description. (description of the applicant’s duties/assignments).

Aug. 2019