

**Supervision**

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

1) ..................................................................………………………..…… ……………………………….………

The supervisor’s full name in block letters Education

2) **Authorised**

**psychologist: No  Yes ** If Yes: **Authorisation number:**..…..……..…………………………..

Your authorisation number can be found on the Danish Supervisory Board of Psychological Practice’s website

3) **Address of supervisor’s practice or place of work:**

**(stamp or block letters) …………**……………………………………………….……………………….

….…………………………….……………………..………………………

4) **I have provided supervision as agreed and on the supervisee’s own cases to the psychologist:**

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

The applicant’s full name in block letters

5) **In relation to the supervisee, I am:** **An internal supervisor** ** An external supervisor **

In the event of any uncertainty as to whether a supervisor can be regarded as external, please attach a description of the professional and social relationship between the supervisor and supervisee.

# Form, content and period of the supervision

**Note:** When entering information about the supervision period, periods in which the applicant has not been employed/self-employed or where the applicant has been on full leave for more than 8 consecutive weeks should be omitted, as the supervision must have been provided during working periods that can be recognised for the purposes of authorisation.

6) Individual supervision:

|  |  |  |
| --- | --- | --- |
| **In the period**  **(from day/mth/yr**  **to day/mth/yr)** | **Number of hours in total** | **The supervision related to:** |
|  |  | **Main area(s) of practice:** Assessment  Intervention  |
| **Target group(s):** Individual  Group  Organisation  |

7) Group supervision:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **In the period (from day/mth/yr to day/mth/yr)** | **Number of hours in total (not converted)** | **Number of supervisees** | **The supervision related to:** | | | |
|  |  |  | **Main area(s) of practice:** Assessment  |  | Intervention  |  |
| **Target group(s):** Individual  Group  Organisation  | | | |
| **The group’s professional composition:**  (psychologists and/or other professions, type of professional group and number of psychologists and other professions, respectively) e.g. 3 psychologists and 1 doctor: | | | | | | |

8) Individual remote supervision:

|  |  |  |
| --- | --- | --- |
| **In the period (from day/mth/yr to day/mth/yr)** | **Number of hours in total** | **The supervision related to:** |
|  |  | **Main area(s) of practice:** Assessment  Intervention  |
| **Target group(s):** Individual  Group  Organisation  |

9) Remote group supervision:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **In the period (from day/mth/yr to day/mth/yr)** | **Number of hours in total (not converted)** | **Number of supervisees** | **The supervision related to:** | | | |
|  |  |  | **Main area(s) of practice:** Assessment  |  | Intervention  |  |
| **Target group(s):** Individual  Group  Organisation  | | | |
| **The group’s professional composition:**  (psychologists and/or other professions, type of professional group and number of psychologists and other professions, respectively) e.g. 3 psychologists and 1 doctor: | | | | | | |

**Note:** You must document that the required number of face-to-face hours of supervision had been held prior to the documented remote supervision.

10) Live supervision (see chapter 3 of the guidelines for the practical training programme for authorisation):

|  |  |  |  |
| --- | --- | --- | --- |
| **In the period (from/to)** | **Number of hours in total** | **Number of supervisees** | **The group’s professional composition:** |
|  |  |  |  |

**Note:** If the live supervision took place within the context of a course, please attach a brief description of the course and which assignments the supervision related to, including main areas of practice and target groups.

# Assessment of the completed supervision process

11) Supervisor’s assessment of the supervision process:

The supervisee completed the supervision process: .......... Satisfactorily  Unsatisfactorily 

Note: If the Unsatisfactorily box was ticked, it must be accompanied by an elaboration on why the supervision process was unsatisfactory, including information on how the supervisor made the supervisee aware of this over the course of the supervision*.*

12) Applicant’s assessment of the supervision process:

The supervision I received was: ..................... Satisfactory  Unsatisfactory 

Remarks:

# Date and signature

13) ……………….…………………...... .......................…………..……………………

Date Supervisee’s signature

\_

I, the undersigned, hereby declare on my word of honour as an **authorised psychologist** that at the start of the supervision, I was authorised and has worked as a psychologist for at least three years after obtaining my master’s in psychology. The supervision I provided was related to areas in which I possess professional competences.

14) ………………………………...….… …………………….………………………….

Date Supervisor’s signature

**Psychologist supervisors from abroad**

I, the undersigned, hereby declare on my word of honour as a **psychologist** that at the start of the supervision, I have worked as a psychologist for at least three years after obtaining my master’s in psychology and that authorisation as a psychologist is not regulated in my education country. The supervision I provided was related to areas in which I possess professional competences.

14a) ………………………………...….… …………………….………………………….

Date Supervisor’s signature

I, the undersigned, hereby declare on my word of honour as an professional who is **not a psychologist** that at the start of the supervision, I had worked within my field for at least three years. The supervision I provided was related to my field of work and has been necessary and academically relevant to the psychologist’s training programme. I have attached a copy of my degree and curriculum vitae. (Medical practitioners can instead attach a copy of their authorisation or registration in the authorisation register for healthcare professionals).

15) ………………………………...….… …………………….………………………….

Date Supervisor’s signature

Note: The form must be signed and dated no earlier than the date on which the supervision process ended.