

Te Poari o ngā Kaihaumanu
Hinengaro o Aotearoa

The Psychotherapists Board
of Aotearoa New Zealand

Change to scope of practice – supervisor declaration form

If the supervisor signing this form has been working with you for less than 1 year, you will also need to provide the details of your previous supervisor(s). Newly qualified practitioners with less than 2 years' post-graduation experience are expected to participate in weekly clinical supervision for the first 2 years of post-graduation practice regardless of caseload.

Request to move from the Interim Psychotherapist Scope of Practice

is applying to move from the Interim Psychotherapist Scope of Practice to:

Psychotherapist Scope of Practice

Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism

This section to be completed by the applicant's supervisor

I have been supervising _____ **since** _____. I believe them to be a fit, competent psychotherapist and support their application to move into the Psychotherapist Scope of Practice/ Psychotherapist Scope of Practice with Child and Adolescent Psychotherapist Specialism (delete one).

As far as I am aware, the applicant can communicate for the purpose of practising psychotherapy.

Agree Disagree

As far as I am aware, the applicant does not have any mental or physical health conditions that may impact on their ability to perform the functions required of a psychotherapist.

Agree Disagree

As far as I am aware, the applicant has no criminal convictions.

Agree Disagree

I am not aware of any information/matter at all that could give rise to the belief that this applicant may cause a danger to the public when practising in any area of psychotherapy.

Agree Disagree

Please add any additional comments if required (continue on a separate page if necessary).

I declare that the above statement is true and correct:

Name:

Address:

Registration number:

Contact phone number(s):

Date:

Signature: