

**SUPERVISOR'S DECLARATION
FORM 20**

***Western Australia
Psychologists Act 2005***

TO: The Registrar
The Psychologists Board of Western Australia
PO Box 263
WEST PERTH WA 6872

Tel: (08) 9321 8499

I, (full name)having supervised the work
ofbetween
..... and certify that he/she has
demonstrated proficiency in:

- Knowledge of the Discipline;
- Psychological Assessment;
- Intervention Strategies;
- Evidence-Based Practice;
- Communication; and
- Ethical, Legal and Professional Matters.

and in my opinion demonstrates commitment to the ethics of the profession and is fully competent to undertake independent practice in psychology.

Signed: Date:

Witnessed by: Name:

Address:

Signature: