**UVic Clinical Psychology Graduate Program**

**Practicum Contract**

**Please complete this form electronically within the first two weeks of the start of practicum and provide the Practicum Coordinator with both an electronic copy (clinprac@uvic.ca).**

Please note that if the placement is expected to exceed 400 hours, this must be approved by the practicum coordinator and research supervisor in advance. Please note that due to students’ many academic and research demands, practica \ beyond 400 hours are not typical.

Student:

Today’s Date:

Practicum Site:

Practicum level (503, 505, 603, extra):

Start Date of Practicum Placement:

Approximate end date:

Primary practicum supervisor:

Other practicum supervisors (both psychologists and other clinicians who may be involved in training):

Time Involved/Caseload:

Number of days/week (if known, indicate which days/hrs/wk):

Supervision frequency:

Duration of supervision session

Type of supervision (individual, group, combination of both):

Roles and Responsibilities:

As supervisor I will take responsibility for: As supervisee I will take responsibility for:

a. Managing overall agenda of sessions a. Regular, punctual attendance

b. Monitoring supervisee performance b. Notice of inability to attend

c. Giving feedback c. Preparation for supervision

d. Monitoring the supervisory relationship d. Consulting and updating supervisor

e. Creating a safe place e. Being open to feedback

f. Monitoring ethical issues f. Monitoring ethical issues

Signed by: ............................................................. Date: .........................................

(Supervisee)

Signed by: .............................................................. Date: .........................................

(Supervisor)