

## Singapore Register of Psychologists (SRP)

### Application for Supervision

**All applicants must be members of SPS.**

*This application is to be completed when applying for supervision to be a Registered Psychologist (Singapore).*

*All supervisors must complete an application to be an Approved Supervisor if the supervisor has not previously submitted the form to the Council.*

1. Personal Particulars of Applicant (Please print clearly)

Family name:		
Given name:		
Sex: Male / Female	Date of Birth: (dd/mm/yyyy)	
Citizenship:	NRIC / Passport No:	
Work Address:		
Mailing Address:		
Residential Address ( <i>Confidential, NOT to be published</i> ):		
Tel (work):	Tel (mobile):	Fax:
Email:		

2 Professional/ Academic Qualifications.

Degree / Diploma / Certificate	.Year Attained	Institution / Examining Authority	Specialty

3 Position held at current employment \_\_\_\_\_

4 Name/s of Proposed Supervisor/s:

a) \_\_\_\_\_

b) \_\_\_\_\_

5 Venue/s for supervision consultation:

Address (1)

\_\_\_\_\_

\_\_\_\_\_

Address (2)

\_\_\_\_\_

\_\_\_\_\_

6. Current professional duties/activities

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7. Previous Supervised Practical Training (in chronological order from most recent)\*

a) Organization / Institution	Period (Dates)	Total number of hours
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Address:

Name(s) and qualification(s) of supervisor(s):

b) Organization / Institution	Period (Dates)	Total number of hours
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Address:

Name(s) and qualification(s) of supervisor(s):

c) Organization / Institution	Period (Dates)	Total number of hours
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Address:

Name(s) and qualification(s) of supervisor(s):

\* Submit certified true copies of all documents of academic and a log book of supervised practical training using the format given in the supervision package.

8. Numbers of supervised practice hours completed: \_\_\_\_\_

9. Number of hours of face-to-face supervision a) one-to-one \_\_\_\_\_

b) others \_\_\_\_\_

I certify that the above particulars are correct at the time of application.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_