Cairnmillar INSTITUTE

Placement Contract and Learning Plan

Students note: Please save draft only until you have completed the form in full after the placement contract meeting and all details are correct. Once you submit the form you will not be able to make any changes. Students are responsible for completing this form in consultation with the placement provider representative and the individual supervisor within 14 days from commencing placement.

If you are yet to be assigned an individual supervisor and/or placement representative, you can complete the contract but hold off from submitting it, only save as a draft until you have all required information to complete the contract.

The purpose of this agreement is to detail the specifics of the student placement and the requirements of student, the placement provider representative, the individual supervisor responsible for assessing the student's competency development and the Cairnmillar Institute (e.g., placement coordinators).

If you experience issues with this form that you can't resolve please post on the relevant discussion board on Canvas (if urgent email placements@cairnmillar.edu.au) and we will assist you. Some form fields will auto populate based on information we have already uploaded to SONIA. There are some fields that are still being programmed to auto populate and students may need to complete these fields manually.

DO NOT SUBMIT THE FINAL OF THIS CONTRACT UNTIL AFTER THE CONTRACT MEETING HAS TAKEN PLACE AND ALL INFORMATION WITHIN THE FORM HAS BEEN CONFIRMED AS CORRECT.

SECTION ONE: CONTACT DETAILS

Student Details

Student ID	Student name	Preferred name
Student email	Student phone	Placement Group
Course name	Placement unit code	Placement unit name

Placement Coordinator Details

Note: please enter the email address for the relevant placement coordinator team inbox. Refer to myCMI for specific PC team details.

Placement coordinator name	Placement coordinator email	Placement coordinator phone 03 9813 3400

Placement Organisation Details

Organisation name	Placement Site Name

Placement Site Address

Street	Suburb	State	Postcode

Placement Provider Representative (student contact) Details

Placement contact name	Email	Primary Contact Phone Number	PsyBA approved supervisor? Yes No

Individual Supervisor Details

Supervisor's name	Supervisor email	Supervisor phone number
AHPRA registration number	BAS expiry date	Area of Practice Endorsement

Secondary Supervisor Details (if applicable)

Supervisor's name	Supervisor email	Supervisor phone number
AHPRA registration number	BAS expiry date	Area of Practice Endorsement

SECTION TWO: PLACEMENT DETAILS

Placement Dates and Days

Placement start date	Placement end date	Select days attending placement ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri ☐ Sat
No. of placement days/week (Ave.)	No. of weeks on placement	No. of public holidays impacting placement

Planned Leave

Planned leave should be discussed and agreed with your placement coordinator, the placement provider representative and your individual supervisor prior to placement commencement.

Please detail start and end dates of planned leave (if applicable)	Have your planned leave been approved by placement coordinator, supervisor and placement provider representative? Yes No	Please enter the total number of placement days missed due to planned leave

Total Number of Placement Days

According to the information you have entered above (no. of placement days, no. of weeks, planned leave days) your total calculated number of days on placement appears on the right. If this figure is incorrect, please adjust the information provided above (in blue).

Has not been actioned	Total Placement Days (calculated)

Planned Progress Review Dates

There are two points throughout the placement for undertaking progress reviews 1) Mid-Placement (approximately half way through the placement) and 2) End of Placement (usually a week prior to your last day on placement). Please enter the approximately dates for the mid and end of placement reviews. This will help you and your supervisor plan for what is required prior to these assessment points.

Planned Mid-Placement Review Date	Planned End-Placement Review Date

Client Referrals

The number of average clients to be seen per days varies according to the placement and your developmental levels. Information about the recommended number of average clients seen per day is detailed in the placement information handbook. The upper limit exists to ensure that you are provided with sufficient time for learning and development.

Please select the number of clients you are required to see on average per days throughout the placement.	Was your client load discussed and agreed with the placement provider at the placement start up meeting? Yes No	Please add any relevant notes regarding the discussion about client referrals

Health Records Storage

Psychologists have a legal and ethical responsibility to store client records in a contemporaneous and confidential manner. Click here for general information about the obligation for health professionals registered with AHPRA. For example, in Victoria client health information must be stored in accordance with the Health Records Act 2001 (Vic) and must also comply with other legislation such as privacy and data breach laws. The following questions are to be answered during the placement start up meeting and notes made about health record management .

Will all client health records be stored with the placement provider? *Please tick yes to this question if you are placed within one of the CMI clinic(s).* Yes No	Will all client health records be stored with Cairnmillar using PracSuite? Yes No

Case Note Review Arrangement

Throughout placement supervisors are responsible for reviewing client case notes (de-identified) made by the student as evidence of ethical and legal compliance, assess the students record keeping competencies and provide corrective feedback about record keeping.

Is the primary individual supervisor able to review deidentified client case notes? Yes No	If no, please detail who will review the case notes and how this feedback will be provided to the primary individual supervisor

Supervisor Observation's

Students are required to either video record a session or be observed by their supervisor conducting a session. The purpose of this assessment is to gather evidence to assess the competency of the student. However, in some settings video recording or external supervisors conducting in vivo observation's are not possible. Please complete the following section about the arrangement for supervisor observation's.

Can sessions with clients be videoed and shared with your primary individual supervisor or is your primary individual supervisor onsite and will conduct in vivo observations?

Yes No

If no to above, please add notes about the arrangement when a secondary supervisor is undertaking the observation's, including how this feedback will be communicated to the primary individual supervisor responsible for assessing the students competency.

Placement Assessment Requirements

Student and supervisors should completed the assessment plan below to assist with the planning, review and feedback for assessments and to ensure that the placement provider respresentative is aware of the activities the student needs to complete while on placement. Please refer to your Unit Outline for assessments required in this placement unit.

Placement Assessment Type	Planned Due Date	Supported on placement?	Assessment Notes (Ax type, alternative arrangements etc.):
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	
		Yes No	

SECTION THREE: WORKPLACE HEALTH AND SAFETY & INDUCTION CHECKLISTS

The following items should be included when inducting the students at the placement organisation as relevant during the first two weeks from when the student commences the placement. This list is not exhaustive and other topics may be covered and noted below.

Workplace Health and Safety Checklist

Health & Safety Requirement	Yes / No	Notes or Actions Required
Access to Workplace Health and Safety guidelines, policies, procedures and contact information.	Yes No	
Emergency and evacuation procedures, including emergency numbers and response codes (if applicable)	Yes No	
First aid arrangements (including first aid offer contact information)	Yes No	
Procedures for reporting accidents/incidents/risks	Yes No	
Potential workplace hazards specific to the role and associated controls	Yes No	
Details on the process for managing and resolving health and safety issues	Yes No	
Adverse events policies, procedures, self-care and support	Yes No	
Other:	Yes No	
Other:	Yes No	
Other:	Yes No	

Induction Checklist

Induction/Orientation Item	Yes / No	Notes or Actions Required
Building access/keys/identification card/security access etc	Yes No	
IT equipment and access and access to working space/desk	Yes No	
Tour of site and location of facilities	Yes No	
Professional attire expectations	Yes No	
Access to any flexible working policies and relevant information (e.g. working from home, etc.)	Yes No	
Expectation about working hours, breaks etc.	Yes No	
Overview of the organisation and how the students role fits	Yes No	
Relevant organisational policies/procedures/code of conduct, including induction and compliance training	Yes No	
Other:	Yes No	
Other:	Yes No	
Other	Yes No	

SECTION FOUR: LEARNING PLAN

Students should complete this learning plan in consultation with their primary individual supervisor. Please ensure that the learning plan sets out specific goals, activities and how these will be reviewed by individual supervisors for the purpose of assessing competency within each domain.

Core Competency/Goals and Activities	Review Mechanism(s)
Knowledge of the discipline	Knowledge of the discipline
Ethical, legal and professional matters	Ethical, legal and professional matters
Psychological assessment and measurement	Psychological assessment and measurement
Intervention strategies	Intervention strategies
Research and evaluation	Research and evaluation
Communication and interpersonal relationships	Communication and interpersonal relationships
Other	Other
Other	Other
Other	Other

STUDENT DECLARATION

By submitting this form I undertake that:

1. I have read the requirements of the placement as outlined in each section of this contract and the placement handbook and understand my responsibilities;
2. I have completed this contract and learning plan accurately and in consultation with my supervisors and the placement provider representative(s);
3. I will accurately record placement activities in the placement logbook (timesheet)
4. I will treat the placement as a workplace including being punctual, prompt and professional in attending workplace activities, meetings, appointments and communications.
5. I will not communicate, publish or release any confidential information of any placement provider and will keep all client/patient information strictly confidential in line with my ethical and legal responsibilities;
6. I will develop, maintain and store client records contemporaneously and in line with the ethical and legal responsibilities of a psychologist and in accordance with the placement providers' requirement;
7. I will comply with all lawful and ethical policies, procedures and reasonable directions of the placement provider, CMI and the ethical code and relevant code of conduct required by the profession of psychology in Australia;
8. I will behave at all times in a such a way as to cause no unreasonable or unnecessary disruption to the routines or procedures of a placement provider or its clients/patients or staff;
9. I will be respectful in my interactions with and about the placement provider staff, supervisors and CMI staff;
10. I will notify CMI immediately about any impairment(s) that impacts my ability to practice as a registered psychologist;
11. I will promptly notify both my education provider, supervisors and my placement provider if:
    - I am unable to attend placement as scheduled for any reason,
    - I feel unwell or my health status changes;
    - Any accident or incident occurs;
    - Any restrictions are placed on my student registration with the relevant National Board;
    - I am disciplined by a relevant professional body;
    - I am found guilty of a criminal offence (other than a minor traffic offence); or
    - I am charged or investigated for a criminal offence (other than a minor traffic offence).

I acknowledge that:

1. I am not an employee of the placement provider for the purpose of placement;
2. I am familiar with the Australian Charter of Healthcare Rights:
3. I am aware that unlawful disclosure of client/patient information is a criminal offence;
4. I have informed my education provider and provided all relevant details if:
    - I have ever had any restrictions on my student registration with the relevant National Board;
    - I have ever been disciplined by a relevant professional body;
    - I have ever been imprisoned or found guilty of a violent or sex offence;
    - I have been found guilty of a criminal offence (other than a minor traffic offence) in the past 10 years in either Australia or overseas; or I am currently subject to charges or under investigation for a criminal offence (other than a minor traffic offence).

Has not been actioned

REMINDERS:

CLICK 'SAVE DRAFT' prior to contract meeting.

ONLY CLICK 'STUDENT SUBMIT' after your contract meeting has taken place and all information contained in the form has been confirmed as correct.

PLACEMENT PROVIDER REPRESENTATIVE DECLARATION

By submitting this form I agree that:

1. Client/patients health records will be stored in line with the relevant laws related to health record storage;
2. I have read, discussed with the student (and other parties where applicable) and agree to the contents of this placement contract (considering any corrections I have provided below);
3. I will ensure the student is appropriately inducted into the organisation within the first two weeks of their placement;
4. I, or my delegate, have completed the workplace health and safety and orientation check lists with the student as detailed in this contract;
5. I will facilitate the students placement and ensure that the students receives the appropriate type and number of client referrals to meet their placement learning and assessment requirements and will notify the placement coordinator if there are issues that arise that interfere with the placement provider's ability to facilitate the placement as set out in this document;
6. I will facilitate the student to attend meetings, includes clinical reviews, groups and/or observe others in their clinical work where possible;
7. I, or my delegate, will maintain oversight of the student while they are on placement to ensure they are safe, functioning in the expected manner, and will notify will contact the supervisor and/or placement coordinator as soon as reasonably possible if an issue or concern about the student arises;
8. I will notify the placement coordinator as soon as reasonably practical if the student is involved in any adverse event;
9. In the event of a client related crisis situation the student will contact an appropriately qualified mental health professional located on site. Where there is no on site person available, the student will contact their allocated supervisor or CMI directly for assistance managing the situation;
10. I will ensure that the student does not see any clients/patients without appropriately qualified staff on site to ensure the students safety.

Placement contact name	Are there any corrections required in this form? Please provide details below

Has not been actioned

SUPERVISOR DECLARATION

By submitting this form I undertake that:

1. I hold the appropriate qualification(s) to supervise the student on this placement;
2. I will act in a manner expected of me as a supervisor according to the ethical and legal requirements of the psychology profession and the Cairnmillar Institute;
3. I have worked with the student to establish well-defined learning goals tailored to the students professional developmental level and learning needs in relation to both the core competency areas and the placement context;
4. I am responsible to assessing the students competency throughout the placement and discussing with the student, placement coordinator and, where appropriate, the placement provider representative where I identify concerns about the students progress across the course of the placement;
5. I have read, discussed with the student (and other parties where applicable) and agree to the contents of this placement contract and learning plan (considering any corrections I have provided below);
6. I will provide specific and detailed constructive feedback to the student about their performance and competency development;
7. I will notify the Cairnmillar Institute as soon as reasonably practical if the student is involved in any adverse event or I have concerns about the students wellbeing, health and/safety while on placement;
8. I will not communicate, publish or release any confidential information of the placement provider and will keep all client/patient information strictly confidential in line with my ethical and legal responsibilities;
9. I am familiar with the Australian Charter of Healthcare Rights;
10. I will promptly notify the Cairnmillar Institute:
    - About any impairment(s) that impact on my, or the student's, ability to practice psychology;
    - Any restrictions are placed on my registration with the relevant National Board;
    - I am disciplined by a relevant professional body;
    - I am found guilty of a criminal offence (other than a minor traffic offence); or
    - I am charged or investigated for a criminal offence (other than a minor traffic offence).

Supervisor name	Are there any corrections required in this form? Please provide details below

Has not been actioned

OFFICE USE ONLY

Placement Coordinator Approval

Please review the document and if all details are correct approve the form. If the student is required to amend the details then you will need to adjust the form in SONIA to allow the students to amend the form and resubmit. Contact placements@cairnmillar.edu.au for instructions.

Has not been actioned