

EuroPsy

Profiling Form – Supervised Practice

(for Luxembourg residents)

NOT REQUIRED for applicants pursuing a psychologists' career in the Luxembourg public service (viz. ADEM, CPOS, EDIFF).

(write in CAPITAL LETTERS please)

Name of supervisor		
Institutional address		
Tel & Fax		
e-Mail		
Name of applicant		

1. Overall Competency Level

Please indicate your judgement about the competency level of the candidate.

COMPETENCY		
1	Basic knowledge and skill present, but competence insufficiently developed	<input type="checkbox"/>
2	Competence for performing tasks, but requiring guidance and supervision	<input type="checkbox"/>
3	Competence for performing basic tasks without guidance or supervision	<input type="checkbox"/>
4	Competence for performing complex tasks without guidance or supervision	<input type="checkbox"/>

2. Assessment of Roles and Specific Competencies

Please indicate (by check-marking the corresponding cases) if, on the basis of the available evidence, the candidate can be qualified as 'competent' to adequately and independently perform the following six primary roles. In addition, give an overall evaluation of the enabling competencies of the applicant.

PROFESSIONAL CONTEXT(S)	Clinical & Health	Education	Work & Organizations	Other (specify):
COMPETENCIES				
A. Goal definition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabling competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Luxembourg, _____
(date)

(supervisor's signature)