



The University of Sydney
CLINICAL INTERNSHIP DESCRIPTION

Return form to:
 Ms Cindy Li
 Clinical Psychology Unit (F12)
 University of Sydney NSW 2006
 cindyl@psych.usyd.edu.au

Main Supervisor: _____ Date: _____

Internship site: _____

Address of Internship: _____

Email Address: _____

Phone numbers: _____ Fax No: _____

Internship availability: January – June July – December

Number of students: __ January – June __ July – December

Preferred structure: 2 days / week 3 days / week Other: _____

Client Groups:

Older Adults Adults Couples Young Adults Adolescents Children
 Families Other: _____

Type of internship:

General Community D & A Rehabilitation Developmental Disabilities
 Psychology Mental Health Mood Disorders Anxiety Disorders Eating Disorders
 Health Psychology Specific Disorders: _____

Other: _____

Work setting:

Hospital Inpatient Hospital Outpatient Community Health Centre Private Practice
 Non-Government Organization Other: _____

Predominant therapeutic orientation:

CBT Psychodynamic DBT IPT Schema Family Therapy Integrated
 Other: _____

Type of clinical work available:

Clinical Assessments Psychometric Assessments
 Treatment Individual Couple Group Other: _____

Brief description of internship: _____

Additional requirements: _____

Application approved by : _____
 Judy Hyde, Internship Coordinator