



Application to act as a Board-approved supervisor Profession: Psychology

The Health Practitioner Regulation National Law (the National Law)

This form is for psychologists applying for Board-approved supervisor (BAS) status for the first time; and for those seeking reinstatement after BAS status lapsed or was revoked.

To maintain your BAS status you must use a different form: *Application to maintain Board-approved supervisor status - MBAS-76*.


BAS status is required to supervise the following training pathways:

- internships (4+2 and 5+1)
- higher degrees (placements and work in addition to placements)
- registrar programs (additional requirements for principal supervisors – see below)
- re-entry programs (for those returning to practice), and
- transitional programs (for overseas-qualified psychologists).

Eligibility requirements for all supervisors

The requirements for becoming a Board-approved supervisor and for maintaining Board approval are outlined in the Board's *Guidelines for supervisors*. You must hold general registration for three years before applying for BAS status. You need to hold area of practice endorsement for two years before becoming a registrar program principal supervisor. All supervisors need to complete a Board-approved supervisor training program before applying for BAS status.

Further information on becoming a supervisor is available at www.psychologyboard.gov.au/Registration/Supervision




 **This application will not be considered unless it is complete and all supporting documentation has been provided.** You must attach a copy of your full training certificate(s) of completion from a Board-approved supervisor training provider (originals/certified copies not required).

Privacy and confidentiality

The Board and AHPRA are committed to protecting your personal information in accordance with the *Privacy Act 1988* (Cth). The ways the Board and AHPRA may collect, use and disclose your information are set out in the collection statement relevant to this application, available at www.ahpra.gov.au/privacy.


By signing this form, you confirm that you have read the collection statement. AHPRA's privacy policy explains how you may access and seek correction of your personal information held by AHPRA and the Board, how to complain to AHPRA about a breach of your privacy and how your complaint will be dealt with. This policy can be accessed at www.ahpra.gov.au/privacy.

Symbols in this form

-  **Additional information**
Provides specific information about a question or section of the form.
-  **Attention**
Highlights important information about the form.
-  **Attach document(s) to this form**
Processing cannot occur until all required documents are received.

Completing this form

- Read and **complete all questions**.
- Ensure that **all pages** and required **attachments** are returned to AHPRA.
- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS**
- Place X in **all** applicable boxes:
- **DO NOT** send original documents unless specified.

 Do not use staples or glue, or affix sticky notes to your application. Please ensure all supporting documents are on A4 size paper.

SECTION A: Personal details

1. What is your name and date of birth?

Title* MR MRS MISS MS DR OTHER


Family name*

First given name*

Middle name(s)*

Previous names known by (e.g. maiden name)

Date of birth / /

 If you have ever been formally known by another name, or you are providing documents in another name, you **must** attach proof of your name change unless this has been previously provided to the Board. For more information, see *Change of name* in the *Information and definitions* section of this form.

2. What is your registration number?

Registration number



SECTION B: Contact information



You can change your contact information at any time. Please go to www.ahpra.gov.au and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- login to your AHPRA account to change your details online.

3. What are your contact details?

Provide your current contact details below – place an next to your preferred contact phone number.

Business hours **Mobile**

After hours

Email

4. Do you give permission for individuals seeking a supervisor to contact you by email via *Search for a supervisor* on the Board’s website?



All approved supervisors appear on a searchable online list located at www.psychologyboard.gov.au/Registration/Supervision/Search. Search results will include your name, registration number, principal place of practice (suburb and postcode), and the date your BAS status expires. If you are approved as a registrar program principal supervisor this will be displayed in the results together with the area(s) of practice you are approved for.

Users of the list can send you a message and their contact details using an AHPRA-hosted online form. This means that your email address is not provided to anyone unless you choose to provide it when responding to someone’s message.

YES NO

Provide your supervisor email address below
If your supervisor email address is the same as that provided in question 3, please write ‘As above’.

SECTION C: Eligibility

5. Do you currently hold general registration?

YES NO

You are not eligible to apply for Board-approved supervisor status.

6. Have any conditions or restrictions been placed on your registration as a psychologist in Australia or overseas that relate to your provision of supervision as a result of a notification, complaint, or disciplinary matter?



This includes conditions or restrictions that relate to, affect, or are likely to affect the capacity or ability to provide supervision. If you wish to apply to have conditions removed or varied, you must make a separate application for review of conditions using the form *Application for review of conditions or undertakings by a psychologist – ARCD-76* available at www.psychologyboard.gov.au/Registration/Forms under ‘Other forms’.

YES NO

Provide details below

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Attach a separate sheet if all your restriction details do not fit in the space provided.

7. Was your BAS status revoked by the Board?



Revocation is not the same as lapsing. The latter occurs if you do not complete refresher training within five years. See the *Guidelines for supervisors* for information on the Board’s revocation policy.

YES **Go to the next question** NO **Go to question 9**



8. Have you completed the remediation (e.g. training) required by the Board?

N/A I was not required to complete any remediation.

YES

Provide details below

Attach any certificates of training completion or other evidence of remediation.

NO

Provide details below of why you have not completed the remediation required by the Board

Attach a separate sheet if all your details do not fit in the space provided.

9. Do you wish to apply for approval as a registrar program principal supervisor?

To be a principal supervisor of a psychologist completing a registrar program you need to currently hold an endorsement in the relevant area of practice and need to have held this endorsement (or equivalent overseas registration, licensure, or endorsement, as assessed by the Board) for at least two years.

YES

NO

Mark the area(s) of practice that you wish to supervise registrars in

<input type="checkbox"/> Clinical neuropsychology	<input type="checkbox"/> Forensic psychology
<input type="checkbox"/> Clinical psychology	<input type="checkbox"/> Health psychology
<input type="checkbox"/> Community psychology	<input type="checkbox"/> Organisational psychology
<input type="checkbox"/> Counselling psychology	<input type="checkbox"/> Sport and exercise psychology
<input type="checkbox"/> Educational and developmental psychology	

SECTION D: Supervisor training

10. Have you completed a Board-approved supervisor training program?

YES

If you are seeking BAS status for the first time, or wish to reinstate BAS status after it lapsed, you must complete full training (parts 1, 2 and 3). Completion of supervisor training can count toward your CPD requirements.

Mark the approved training provider(s) you completed training with

<input type="checkbox"/> the APS Institute	<input type="checkbox"/> Deakin University
<input type="checkbox"/> the Cairnmillar Institute	<input type="checkbox"/> Learning Links
<input type="checkbox"/> Centre for Rural and Remote Health, James Cook University (CRRH-JCU)	<input type="checkbox"/> STREAM Psychology
<input type="checkbox"/> Clinical Supervision Services	<input type="checkbox"/> Supervisor Training and Approval Program (STAP), Griffith University
<input type="checkbox"/> Communicare	<input type="checkbox"/> Swinburne University
<input type="checkbox"/> Competency-Based Excellence in Supervisor Training (C-BEST)	<input type="checkbox"/> Wentworth Forensic Clinic, University of NSW

Completion date of the assessment component of training (part 3)

D D / M M / Y Y Y Y

You **must** attach a copy of a certificate showing that you have completed all three parts of the course (or separate certificates for each part). Please note you are not required to send the original. A printed copy of a certificate emailed to you by the provider is sufficient.

NO

Provide details below



SECTION E: Self-declaration

I declare that I have read and understood the *Guidelines for supervisors* and the relevant guidelines for the type of supervision I intend to provide, and that I will:

- ensure that I demonstrate the supervisor competencies set out in the *Guidelines for supervisors* and the requisite skills and training to provide a high standard of supervision
- meet my obligations as an approved supervisor and a registered practitioner under the National Law, the *Code of ethics*, *Guidelines for mandatory reporting*, and *Guidelines for supervisors*
- immediately tell my supervisee(s) if my BAS status has lapsed or was revoked, and inform them that any supervision I provide will not meet supervised practice requirements of internships, registrar programs, etc. and
- maintain and develop my skills as a supervisor on an ongoing basis by:
 - (a) completing a Board-approved supervisor training course (full training or master class) at least every five years
 - (b) including some professional supervision and/or peer consultation that focuses on my practice as a supervisor, and/or
 - (c) undertaking some professional development activities relevant to my supervision skills in my CPD at least every two years.

I understand that BAS status can be revoked as outlined in the Board's *Guidelines for supervisors*.

Name of applicant <input style="width: 90%;" type="text"/> Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Signature of applicant <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div>
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SECTION F: Checklist

Have the following items been attached, if required?

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 6	A separate sheet with your additional restriction details	<input type="checkbox"/>
Question 8	Copies of any certificates or remediation (e.g. training) completed	<input type="checkbox"/>
Question 8	A separate sheet with your additional remediation details	<input type="checkbox"/>
Question 10	A copy of the certificate(s) of completion for your Board-approved training program	<input type="checkbox"/>

Information and definitions

CHANGE OF NAME

You must provide evidence of a change of name if you have ever been formally known by another name(s) or any of the documentation you are providing in support of your application is in another name(s).

Evidence must be a certified copy of one of the following documents:

- Standard marriage certificate (ceremonial certificates will not be accepted)
- Deed poll.
- Change of name certificate.

Faxed, scanned or emailed copies of certified documents will not be accepted. Supporting documentation **must** be certified in accordance with the AHPRA guidelines.

For more information, see www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.

Please post this form with required attachments to:

AHPRA
GPO Box 9958
IN YOUR CAPITAL CITY (*refer below*)

You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801