



## Application to act as a Board-approved supervisor

### Profession: Psychology

The Health Practitioner Regulation National Law (the National Law)

This form is for registered general psychologists applying for approval from the Psychology Board of Australia (the Board) to act as a Board-approved supervisor.

It is to be used by applicants:

- applying for the first time, or
- seeking reinstatement of approval after discontinuation or revocation of Board approved status.

This form is **not** for currently approved supervisors who wish to continue their approval for another five years following completion of an approved supervisor training program or master class. For maintaining current approval please use the form *Application to maintain Board-approved supervisor status - MBAS-76*.

Approval can be granted to provide supervision in the following areas:

- provisional psychologists undertaking a Board-approved 4+2 or 5+1 internship program
- provisional psychologists enrolled in an APAC-accredited professional degree who are:
  - undertaking placements for the degree, and/or
  - working in addition to placements
- registrars undertaking a registrar program for area of practice endorsement.

#### 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 and supervisor training providers*. Applicants should also refer to the Board's *Policy on refusing or revoking Board-approved supervisor status*.

If you are intending to supervise provisional psychologists in the 4+2 internship program or 5+1 internship program, or general psychologists in the registrar program it is important that you refer to the relevant Board guidelines prior to completing this application form. Further information on becoming a supervisor can be accessed at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au)



**This application will not be considered unless it is complete and all supporting documentation has been provided.** Supporting documentation **must** be certified in accordance with the Australian Health Practitioner Regulation Agency (AHPRA) guidelines. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

### 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](http://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](http://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 birth details?



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.

**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**  /  /

**Country of birth**

### 2. What is your AHPRA registration number?

**Registration number**



## SECTION B: Contact information



You can change your contact information at any time. Please go to [www.ahpra.gov.au](http://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 e-mail via *Search for a supervisor* on the Board's web site?**



All approved supervisors appear on a searchable online list *Search for a supervisor*. Search results will include your name, registration number, principal place of practice (suburb and postcode) and the types of supervision approved for.

*Search for a supervisor* enables web users seeking a supervisor to send you a message and their contact details to your nominated supervisor email address via an online enquiry form hosted by AHPRA. This means that your email address is private and will not be available to the user unless you choose to contact them directly and provide it to them yourself.

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. Has any registration body placed restrictions on your practice in regard to the provision of supervision as a result of a notification, a complaint, or other disciplinary matter?**



This includes the revocation of supervisor status or conditions placed on registration restricting supervision. For more information on discontinuation or revocation of Board-approved supervisor status, please review the Board's *Policy on refusing or revoking Board-approved supervisor status* available online at [www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies](http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies)

YES

NO

**Provide details below**

.....

.....

.....

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



**7. What type of supervisor approval are you applying for?**



Applicants should be familiar with the requirements of the relevant supervision programs and eligibility requirements for supervisors before applying for Board approval as a supervisor.

**Registration requirements**

- Principal supervisors and higher degree placement supervisors must have held general registration for at least three years.
- Secondary supervisors and supervisors of students working in addition to a higher degree must have held general registration for at least two years.
- Principal supervisors of registrar programs and higher degree placement supervisors (excluding 5+1 placements) must have held an area of practice endorsement in the relevant area of practice for at least two years.

Further information on types of supervision and supervision programs is available online at [www.psychologyboard.gov.au/Registration/Supervision](http://www.psychologyboard.gov.au/Registration/Supervision)

**Mark all options relevant to your application**

- 4+2 internship principal supervisor
- 4+2 internship secondary supervisor
- 5+1 internship principal supervisor
- 5+1 internship secondary supervisor
- Higher degree placement supervisor – **List areas of practice in which you have held an endorsement for at least two years and are willing to act as a higher degree placement supervisor**

- Working in addition to placements supervisor
- Registrar program principal supervisor – **List areas of practice in which you have held an endorsement for at least two years and are willing to act as a principal supervisor of registrars**

- Registrar program secondary supervisor

**8. Why are you applying to act as Board-approved supervisor?**

**Choose appropriate option**

- To act as a Board-approved supervisor for the first time – **Go to question 12**
- After a period of discontinuation – **Go to question 9**
- After a period of revocation of your supervisor status – **Go to question 9**

**SECTION D: Reinstatement after a period of discontinuation or revocation**

**9. When was the last date you held Board-approved supervisor status?**

**Date Board-approved supervisor status was last held**

DD

/

MM

/

YYYY

**10. Under what circumstances did your Board-approved supervisor status cease?**

**Choose appropriate option**

- My supervisor approval expired after five years – **Go to question 12**
- I asked to be removed as I no longer wanted to be a supervisor at the time – **Go to question 12**
- The Board revoked approval or refused an application to extend my supervisor approval  
**Go to the next question**
- Changed to non-practising registration – **Go to question 12**
- Lapsed registration – **Go to question 12**
- Registration was suspended, cancelled, surrendered or revoked – **Go to the next question**
- Other – **Provide details below, then go to the next question**



**11. Have you successfully completed any remediation required by the Board?**

- N/A  I was not required by the Board to complete any remediation
- YES  I have successfully completed the remediation required by the Board
- NO

**Provide details below**

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

**SECTION E: Supervisor training**

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



If you are applying to become a Board-approved supervisor for the first time, you must have completed the full training (components 1, 2 and 3).

You will be required to refresh your training at least every five years.

If this application is approved you will be required to complete an approved master class or refresher training and apply to renew your approval within five years of the date you completed the supervisor training program.

- YES  Full training

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

- |                                                        |                                                                          |                                                                       |
|--------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> the APS Institute             | <input type="checkbox"/> Deakin University                               | <input type="checkbox"/> Swinburne University                         |
| <input type="checkbox"/> the Cairnmillar Institute     | <input type="checkbox"/> Learning Links                                  | <input type="checkbox"/> Wentworth Forensic Clinic, University of NSW |
| <input type="checkbox"/> Clinical Supervision Services | <input type="checkbox"/> Supervisor Training and Approval Program (STAP) |                                                                       |
| <input type="checkbox"/> Communicare                   |                                                                          |                                                                       |

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

/   /

You **must** attach a certified copy of the certificate(s) of completion for the course(s).

- YES  Master class

**Mark the approved training provider you completed master class training with**

- |                                                        |                                                                          |                                                                       |
|--------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> the APS Institute             | <input type="checkbox"/> Dr Daphne Hewson                                | <input type="checkbox"/> Swinburne University                         |
| <input type="checkbox"/> the Cairnmillar Institute     | <input type="checkbox"/> Learning Links                                  | <input type="checkbox"/> Wentworth Forensic Clinic, University of NSW |
| <input type="checkbox"/> Clinical Supervision Services | <input type="checkbox"/> Monash University                               | <input type="checkbox"/> Victoria University                          |
| <input type="checkbox"/> Communicare                   | <input type="checkbox"/> Supervisor Training and Approval Program (STAP) |                                                                       |
| <input type="checkbox"/> Deakin University             |                                                                          |                                                                       |

Completion date of the master class

/   /

You **must** attach a certified copy of the certificate of completion for the course.

- NO  **Go to Section F: Self declaration**



## SECTION F: Self-declaration

I declare that I have read and understood 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 supervisor training providers* and the requisite skills and training to provide a high standard of supervision to supervisees in the training pathways for which I am approved
- 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 and supervisor training providers*
- immediately tell my supervisees, and where relevant, my employer, if my Board-approved supervisor status expires, or is discontinued, refused or revoked, and inform them that any supervision undertaken with a non Board-approved supervisor will not count towards the requirements of internships or the registrar program, 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, and
  - (b) including some professional supervision of my practice and/or peer consultation that focuses on my practice as a supervisor and/or professional development activities relevant to my supervision skills in my CPD at least every two years.

I understand that, if granted, Board-approved supervisor status can be revoked as outlined in the Board's *Policy on refusing or revoking Board-approved supervisor status*.

Name of applicant <input style="width: 95%;" type="text"/> Date <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 50%; text-align: center;" type="text"/>	Signature of applicant <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> <span style="font-size: 2em; color: #0070C0; opacity: 0.5;">SIGN HERE</span> </div>
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## SECTION G: Checklist

Have the following items been attached, if required?

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 6</b>	A separate sheet with your additional restriction details	<input type="checkbox"/>
<b>Question 11</b>	A separate sheet with your additional remediation details	<input type="checkbox"/>
<b>Question 12</b>	A certified copy of the certificate(s) of completion for your Board-approved training program or master class	<input type="checkbox"/>

### Information and definitions

#### CERTIFYING DOCUMENTS

**DO NOT send original documents unless specified.**

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Each and every certified document **must**:

- be in English. If original documents are not in English, you must provide a certified copy of the original document and translation in accordance with AHPRA guidelines, which are available at [www.ahpra.gov.au/registration/registration-process](http://www.ahpra.gov.au/registration/registration-process)
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)
- be annotated on the last page as appropriate e.g. 'I have sighted the original document and certify this to be a true copy of the original' and signed by the authorised officer, and
- list the name, date of certification, and contact phone number, and position number (if relevant) and have the stamp or seal of the authorised officer (if relevant) applied.

Certified copies will only be accepted in hard copy by mail or in person (not by fax, email, etc). Photocopies of previously certified documents will not be accepted. For more information, AHPRA's guidelines for certifying documents can be found online at [www.ahpra.gov.au/certify](http://www.ahpra.gov.au/certify)

#### 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.

**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](http://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