



Application for an area of practice endorsement on completion of an approved registrar program Profession: Psychology

Part 7 Division 8 of the Health Practitioner Regulation National Law (the National Law)

This form is for psychologists who hold general registration and have completed a Psychology Board of Australia (Board) approved registrar program, to apply for endorsement in an approved area of practice. This form should be signed by **both** the registrar and the supervisor. It is important that you refer to the Board's *Guidelines on area of practice endorsements* to determine whether you meet the eligibility criteria. Registration standards, codes and guidelines can be found at 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.

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.



Signature required

Requests appropriate parties to sign the form where indicated.

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: Area of practice

1. Which area of practice endorsement are you applying for?

Select only one of the approved areas of endorsement

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

SECTION B: Personal details



The information items in this section of the application marked with an asterisk (*) will appear on the public register.

2. 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)*

Date of birth / /

Country of birth

3. What is your registration number?

Registration number*



SECTION C: Contact information

4. 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

5. What is your residential address?

i When you are not yet practising, or when you are not practising the profession predominantly at one address:

- your residential address will be recognised as your principal place of practice, and
- the information items marked with an asterisk (*) will appear on the public register as your principal place of practice.

Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State or territory (e.g. VIC, ACT)/**International province*** **Postcode/ZIP***

Country (if other than Australia)

6. Will the address of your principal place of practice be the same as your residential address?

YES

NO *Provide your Australian principal place of practice below*

i Principal place of practice for a registered health practitioner is:

- the address at which you will predominantly practise the profession; or
- your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.

The information items marked with an asterisk (*) will appear on the public register.

Site/building and/or position/department (if applicable)

Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

City/Suburb/Town*

State/Territory* (e.g. VIC, ACT) **Postcode***



7. What is your mailing address?

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

i Your mailing address is used for postal correspondence.

Site/building and/or position/department (if applicable)

Address/PO Box (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET; or PO BOX 1234)

City/Suburb/Town

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State or territory (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

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Country (if other than Australia)

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SECTION D: Eligibility for area of endorsement

i In this section, provide details of how you met the requirement set out in the *Area of practice endorsement registration standard* and guidelines, available at www.psychologyboard.gov.au.

8. What are the commencement and completion dates of your approved registrar program?

Dates of approved registrar program

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D	D															
M	M															
Y	Y	Y	Y													
D	D															
M	M															
Y	Y	Y	Y													

9. How many hours of psychological practice were completed?

Hours of psychological practice completed

SPECIFY

10. How many hours of individual supervision were completed?

Hours of individual supervision completed

SPECIFY

11. How many hours of group supervision were completed?

Hours of group supervision completed

SPECIFY

12. How many hours of continuing professional development were completed?

Hours of continuing professional development completed

SPECIFY



SECTION E: Supervisor's declaration



You **must** attach to this application your final progress report, *Progress report for the registrar program for – PREA-76*.

I, having supervised the work of the applicant named below between the dates nominated below, certify that he/she has fulfilled the professional and practice requirements for endorsement in the area nominated below and is competent to undertake independent practice in that area.

I recommend that the registrar be granted endorsement.

Name of applicant

Area of endorsement

Period of supervision

 / / to / /

Name of supervisor

Date

 / /

Signature of supervisor



SIGN HERE

SECTION F: Consent



Before you sign and date this form, make sure that you have answered all of the relevant questions correctly and read the statements below.

An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

I consent to the Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I authorise the Board to obtain my criminal history in Australia and overseas.

I acknowledge that failure to complete all relevant sections of this application and enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation, Board registration standards, codes, and guidelines.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in the attached documents.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse the application.

I am aware that personal information I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Name of applicant

Date

 / /

Signature of applicant



SIGN HERE



SECTION G: Payment



You are required to pay an application fee.

Application fee:

\$243

=

Amount payable:

\$243

Applicants **must** pay 100% of the stated fees at the time of submitting the application.



Refund rules

The application fee is non-refundable.

13. How are you paying your fees?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank.

A receipt will be provided.

Mark one box below only



Visa or MasterCard

Complete credit/debit card payment slip below



Cash/EFTPOS

(only available if paying in person)



Cheque/Money order/Bank draft



You **must** attach cheque or money order **payable to the Australian Health Practitioner Regulation Agency.**



On the back of the cheque, money order or bank draft, you **must** write:

- your name, and
- your registration number.

Credit/Debit card payment slip – please fill out

Amount payable

Visa or MasterCard number

Expiry date

Name on card

Cardholder's signature



SIGN HERE



SECTION H: Checklist

Have the following items been attached or arranged, if required?

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Section E	Your final progress report <i>Progress report for the registrar program – PREA-76</i>	<input type="checkbox"/>
Payment		
	Application fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<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
- be initialled on every page by the authorised officer. For a list of people authorised to certify documents, visit 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

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 payment and 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