



Application to add/change a supervisor Profession: Psychology

Health Practitioner Regulation National Law (the National Law)

This form should be used if you are undertaking an approved registrar program for area of practice endorsement and are changing or adding a supervisor.

This form should not be used by provisional psychologists undertaking a 4+2 or 5+1 internship.

This form must be submitted **within 21 days** of the change of supervisor or the period of registrar program may not be recognised.

You will receive email notification of the outcome of this application. The form comprises two parts:

- **Part A:** Request for change of supervisor, and
- **Part B:** Transitional progress report.

This form should be signed by both the registrar and the supervisor.



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.



PART A – To be completed by the registrant and proposed supervisor

SECTION A: Personal details



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

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 registration number?

Registration number*



SECTION B: Area of practice

3. In what area of practice is your approved registrar program?

 If you are completing a registrar program towards endorsement in more than one area of practice, please complete a separate application form for each area.

Mark all options applicable to your application

| | | |
|---|--|---|
| <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 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?

 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. What is your mailing address?

My residential address

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

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

Country (if other than Australia)

SECTION D: Proposed supervisor

7. What are the details of your proposed supervisor?

i Principal supervisors must have endorsement in the approved area of practice, or have met the requirements for endorsement, for at least two years before commencement of supervision.

For more information, please refer to the *Guidelines for supervisors and supervisor training providers* available at www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies

Supervisor details

Name of proposed supervisor

Registration number _____ Date eligibility requirements for supervision were met

_____ / **DD** / **MM** / **YYYY**

Is this supervisor proposed to be the new principal supervisor or secondary supervisor?

Principal supervisor Secondary supervisor

Area of endorsement

Contact details

Business hours _____ Mobile _____

After hours _____

Email

Address details (preferred address for 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

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

Country (if other than Australia)




SECTION E: Supervision agreement

It is agreed that:

- The supervision will begin within 28 days of the date the change to the registrar program is approved.
- The supervisor will ensure the registrar understands and practises in accordance with the ethical codes and standards of practice required by the Board.
- The supervisor and registrar will set six-monthly objectives and regularly review these as a part of the supervision.
- The supervisor will assess whether the registrar's core capabilities are at a level of depth and expertise appropriate to the approved area of practice endorsement.
- Supervision will occur at least fortnightly.
- Supervision will be on an individual (one-on-one) basis.
- Supervision will be provided at a minimum rate of 40 hours per full-time equivalent year of psychological practice.
- A professional development program will be developed that meets the registrar's practice requirements, and the Board's *Continuing professional development registration standard* and the *Guidelines on Psychology area of practice endorsements*.
- Any workshops completed as part of the professional development program should be directly relevant to the registrar's area of practice.
- The supervisor and registrar have determined the method of conflict resolution to be used in the event of a grievance arising in the supervision process.
- The registrar will submit an application for approval to the Board within 21 days if there is a change in supervision arrangements (Form ACSP-76) or practice arrangements (Form ACAP-76).
- The registrar will submit to the Board a progress report completed by the supervisor every six months (Form PREA-76).
- The registrar will submit to the Board a final supervision report completed by the supervisor on completion of the requirements for endorsement (Form PREA-76) or when there is a change in supervisor (ACSP-76).
- If progress reports are not submitted within 21 days of falling due, the Board may not recognise any of the requirements for endorsement that were completed during the period.
- If any practice or supervision hours do not meet minimum requirements, the registrar program may need to be extended.
- The proposed supervisor has seen all progress reports submitted to the Board to date, including the one attached to this request.

| | |
|---|--|
| Name of registrar <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/> | Signature of registrar <div style="border: 1px solid black; padding: 5px; text-align: center;">  SIGN HERE </div> |
|---|--|

| | |
|--|--|
| Name of supervisor <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/> | Signature of supervisor <div style="border: 1px solid black; padding: 5px; text-align: center;">  SIGN HERE </div> |
|--|--|



PART B – To be completed by the registrant and retiring supervisor

SECTION F: Details of retiring supervisor and registrar seeking approval to change supervisor

8. Retiring supervisor details:

Retiring supervisor details

Name of retiring supervisor

Registration number

Contact details

Business hours phone

Mobile

After hours

Email



SECTION G: Details of registrar's psychology practice

9. What are the details of the registrar's psychology practice?

Position

Employer

Hours per week

SECTION H: Reporting period

10. What are the dates of the reporting period?

Period of supervised practice
 / / to / /

11. How many weeks of psychology practice were completed?

Weeks of psychology practice completed

12. How many hours of psychology practice were completed?

Hours of psychology practice completed

13. How many hours of individual supervision were completed?

Hours of individual supervision completed

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


Hours of continuing professional development completed

15. Supervisor's comments regarding progress towards attainment of each of the required core capabilities. Please indicate whether progress is satisfactory.

| Component | Satisfactory | | Comments |
|--|-------------------------------------|-------------------------------------|---|
| | YES | NO | |
| 15.1 Knowledge of discipline | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| 15.2 Ethical, legal and professional matters | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| 15.3 Psychological assessment and measurement | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| 15.4 Intervention strategies | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| 15.5 Research and evaluation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| 15.6 Communication and interpersonal relationships | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input style="width: 100%; height: 40px;" type="text"/> |




| Component | Satisfactory | | Comments |
|--|-------------------------------------|-------------------------------------|----------|
| | YES | NO | |
| 15.7 Working within a cross-cultural context | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15.8 Practice across lifespan | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

 Attach a separate sheet if all the supervisor's comments do not fit in the space provided.

16. Registrar's comments regarding progress towards attainment of core capabilities

| Component | Satisfactory | | Comments |
|--|-------------------------------------|-------------------------------------|----------|
| | YES | NO | |
| 16.1 Knowledge of discipline | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16.2 Ethical, legal and professional matters | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16.3 Psychological assessment and measurement | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16.4 Intervention strategies | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16.5 Research and evaluation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16.6 Communication and interpersonal relationships | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16.7 Working within a cross-cultural context | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16.8 Practice across lifespan | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |

 Attach a separate sheet if all the registrar's comments do not fit in the space provided.



SECTION I: Declaration and authorisation

I declare that the information and the documents provided in support of this application, are true and correct.

| | |
|--|--|
| Name of registrant <input style="width: 95%;" type="text"/> Date <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/> | Signature of registrant <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div> |
|--|--|

| | |
|--|--|
| Name of supervisor <input style="width: 95%;" type="text"/> Date <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/> | Signature of supervisor <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div> |
|--|--|

SECTION J: Checklist

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

| <i>Additional documentation</i> | | Attached |
|---------------------------------|---|--------------------------|
| Question 1 | Evidence of a change of name | <input type="checkbox"/> |
| Question 15 | A separate sheet with additional comments from the supervisor | <input type="checkbox"/> |
| Question 16 | A separate sheet with additional comments from the registrar | <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 required attachments to:

| | | | | | | | | | |
|---|--|--------------------|--------------------|-------------------|------------------|---------------|-----------------|----------------|--|
| <p>AHPRA GPO Box 9958 IN YOUR CAPITAL CITY <i>(refer below)</i></p> | <p>You may contact AHPRA on 1300 419 495 or you can lodge an enquiry at www.ahpra.gov.au</p> | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Sydney NSW 2001</td> <td style="width: 25%;">Canberra ACT 2601</td> <td style="width: 25%;">Melbourne VIC 3001</td> <td style="width: 25%;">Brisbane QLD 4001</td> </tr> <tr> <td>Adelaide SA 5001</td> <td>Perth WA 6001</td> <td>Hobart TAS 7001</td> <td>Darwin NT 0801</td> </tr> </table> | Sydney NSW 2001 | Canberra ACT 2601 | Melbourne VIC 3001 | Brisbane QLD 4001 | Adelaide SA 5001 | Perth WA 6001 | Hobart TAS 7001 | Darwin NT 0801 | |
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| Adelaide SA 5001 | Perth WA 6001 | Hobart TAS 7001 | Darwin NT 0801 | | | | | | |