



Application to add/change a practice site Profession: Psychology

the Health Practitioner Regulation National Law (the National Law)

This form is for psychology registrars undertaking an approved registrar program for the purposes of obtaining an area of practice endorsement who wish to change practice sites. 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 changing placement**; if the form is not submitted within that time frame, the Psychology Board of Australia (the Board) may not recognise any of the requirements for endorsement completed during the period in question.

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 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: **X**
- **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



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. What area of practice is your approved registrar program in?

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 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.

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*		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>	

Country (if other than Australia)

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5. What is your mailing address?

i Your mailing address is used for postal correspondence.

- My residential address
- Other (*Provide your mailing address below*)

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		
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="height: 20px;"></td></tr></table>	

Country (if other than Australia)

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6. 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

SECTION D: Change in practice site

7. What are the details of the new practice site?

For more information, see *Certifying documents* in the *Information and definitions* section of this form.

Practice site details

Position title

Employer

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

Hours per week

Start date

/

This address will be my new principal place of practice



You must attach a position description. Please ensure that this is an official position description (on employer's letterhead) and has been signed by the principal supervisor or employer (i.e. HR manager, line manager, business owner) to verify the attached position description is correct.

The position description should include:

- the title of your position
- reporting requirements
- responsibilities
- tasks and activities to be undertaken, and
- hours of work.

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

8. Will your new position be completed concurrently with your existing practice position?

YES **Go to Section E: Authorisation**

NO **Provide the finishing date of your previous practice position below, then go to the next question**

Date of completion

/ /


9. How many weeks were completed in your previous position?

Number of weeks



SECTION E: Authorisation

Applicant's authorisation – *To be completed and signed by the applicant*

Name of applicant <input type="text"/>	Signature of applicant  SIGN HERE
Date DD / MM / YYYY <input type="text"/>	

Supervisor's authorisation – *To be completed and signed by the supervisor*

Name of supervisor <input type="text"/>	Signature of supervisor  SIGN HERE
Date DD / MM / YYYY <input type="text"/>	

SECTION F: Checklist

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

<i>Additional documentation</i>		Attached
Question 7	A position description	<input type="checkbox"/>
Question 7	A separate sheet with practice details for additional sites	<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 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
Adelaide SA 5001

Canberra ACT 2601
Perth WA 6001

Melbourne VIC 3001
Hobart TAS 7001

Brisbane QLD 4001
Darwin NT 0801