



## Application to maintain Board-approved supervisor status

### Profession: Psychology

The Health Practitioner Regulation National Law (the National Law)

This form is for registered general psychologists who:


- are currently approved as a Board-approved supervisor of provisional psychologists and/or registrars
- have completed a Board-approved supervisor training program – refresher training or master class, and
- wish to apply to maintain their approval for another five years.

This form is **not** for psychologists applying to:

- become an approved supervisor for the first time, or
- reinstate previous approval after it has been revoked, discontinued or lapsed.

You must use the form *Application to act as a Board-approved supervisor - ABAS-76* if you do not have current approval as a supervisor.

To check any of your current supervisor information including the types of supervision you are approved for and whether you are available to be contacted, please visit [www.psychologyboard.gov.au/Registration/Supervision/Search](http://www.psychologyboard.gov.au/Registration/Supervision/Search) and enter your registration number in the search box to view all your details on one page.

 **This application will not be considered unless it is complete and all supporting documentation has been provided.** You will need to supply evidence that you have completed the required Board-approved training. Attach a copy of your certificate of completion from the Board-approved supervisor training provider. Please note you are not required to send the original, a printed copy of a certificate emailed to you by the provider is sufficient.




### 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 email via *Search for a supervisor* on the Board’s website?



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



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](http://www.psychologyboard.gov.au/Registration/Forms) under 'Other forms'.

YES

NO

**Provide details below**



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



**6. Which types of supervisor approval do you wish to maintain or add?**

**i** It is recommended that you review your current approvals using search for a supervisor at [www.psychologyboard.gov.au/Registration/Supervision/Search](http://www.psychologyboard.gov.au/Registration/Supervision/Search)

You can apply to maintain all or some of the supervision types you are currently approved for.

If the requirements for approval in a category have changed since your last application you must meet the new requirements.

You can apply to add additional categories to your supervisor record at this time, provided you meet the requirements.

**i** **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.
  - There is an exemption from this requirement for higher degree supervisors that were approved by the Board prior to 1 July 2013. If these supervisors do not meet the Board’s endorsement requirement, they can continue to be approved for this supervisor category until 31 December 2018. If you wish to apply under this exemption, state this under the check-box below.

**Mark all options that apply, including types you are already approved for and wish to continue being approved for**

4+2 internship - principal

4+2 internship - secondary

5+1 internship - principal

5+1 internship - secondary

Higher degree placements - **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 (or refer to exemption information above)**

Work in addition to higher degree

Registrar program - principal - **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

**7. What are the details of the Board-approved supervisor training program, refresher program or master class that you have completed within the past five years?**

**i** Completion of supervisor training programs can also be counted towards your CPD requirements for general registration. Please keep a copy of your certificate in your CPD portfolio for five years in case you are audited.

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

<input type="checkbox"/> the APS Institute	<input type="checkbox"/> James Cook University/Mount Isa Centre for Rural and Remote Health (MICRRH)
<input type="checkbox"/> the Australian College of Applied Psychology (ACAP)	<input type="checkbox"/> Learning Links
<input type="checkbox"/> the Cairnmillar Institute	<input type="checkbox"/> Monash University
<input type="checkbox"/> C-BEST (Competency-Based Excellence in Supervisor Training)	<input type="checkbox"/> STREAM Psychology
<input type="checkbox"/> Clinical Supervision Services	<input type="checkbox"/> Swinburne University
<input type="checkbox"/> Communicare	<input type="checkbox"/> Supervisor Training and Approval Program (STAP)
<input type="checkbox"/> Dr Daphne Hewson	<input type="checkbox"/> University of Canberra
<input type="checkbox"/> Deakin University	<input type="checkbox"/> University of Melbourne
	<input type="checkbox"/> Wentworth Forensic Clinic, University of NSW

**You must** attach a copy of the certificate(s) of completion for the course(s). Please note you are not required to send the original. A printed copy of a certificate emailed to you by the provider is sufficient.



## SECTION D: 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 I continue to 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
- continue to meet my obligations as a supervisor and registered practitioner under the National Law, *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 has expired, been 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
- agree to continue to 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 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: 90%; height: 20px;" type="text"/>	Signature of applicant <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center;"> <span style="font-size: 2em; color: #ccc; opacity: 0.5;">SIGN HERE</span> </div>
Date <input style="width: 25px; height: 25px;" type="text"/> / <input style="width: 25px; height: 25px;" type="text"/> / <input style="width: 40px; height: 25px;" type="text"/>	

## SECTION E: 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 5</b>	A separate sheet with your additional restriction details	<input type="checkbox"/>
<b>Question 7</b>	A copy of the certificate(s) of completion for your Board-approved training program, refresher program or master class	<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](http://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](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