



Application to maintain Board-approved supervisor status Profession: Psychology

The Health Practitioner Regulation National Law (the National Law)

This form is for psychologists who:

- are currently a Board-approved supervisor (BAS)
- have completed Board-approved refresher training, and
- wish to apply to maintain their BAS status for another five years.

If you are seeking BAS status for the first time or seeking reinstatement of BAS status (e.g. after it lapsed or was revoked), you must use a different form: *Application to act as a Board-approved supervisor – ABAS-76*.



This application will not be considered unless it is complete and all supporting documentation has been provided. You must attach a copy of your refresher training certificate of completion from a Board-approved training provider (original/certified copy not required).

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.

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 date of birth?

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 / /



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.

2. What is your registration number?

Registration number



7. Which Board-approved training provider did you complete refresher training with?

i The following Board-approved training programs meet refresher training requirements:

- a master class
- part 2 of full training
- part 1 & 2 of full training
- part 2 & 3 of full training
- all 3 parts of full training

Completion of supervisor training programs can count toward your CPD requirements.

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

- | | |
|---|---|
| <input type="checkbox"/> the APS Institute | <input type="checkbox"/> Monash University |
| <input type="checkbox"/> Australian College of Applied Psychology (ACAP) | <input type="checkbox"/> Psychology inMind |
| <input type="checkbox"/> the Cairnmillar Institute | <input type="checkbox"/> the Reflective Supervision Team |
| <input type="checkbox"/> Competency-Based Excellence in Supervisor Training (C-BEST) | <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), Griffith University |
| <input type="checkbox"/> Dr Daphne Hewson | <input type="checkbox"/> University of Canberra & Australian National University |
| <input type="checkbox"/> Deakin University | <input type="checkbox"/> University of Melbourne |
| <input type="checkbox"/> Centre for Rural and Remote Health, James Cook University (CRRH-JCU) | <input type="checkbox"/> Wentworth Forensic Clinic, University of NSW |
| <input type="checkbox"/> Learning Links | |



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 *Guidelines for supervisors* and the relevant guidelines for the type of supervision I intend to provide, and that I will:

- continue to demonstrate the supervisor competencies set out in the *Guidelines for supervisors* and the requisite skills and training to provide a high standard of supervision
- 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*
- immediately tell my supervisee(s) if my Board-approved supervisor status has lapsed or was revoked, and inform them that any supervision I provide will not meet supervised practice requirements of internships, registrar programs, etc. 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
 - (b) including some professional supervision and/or peer consultation that focuses on my practice as a supervisor, and/or
 - (c) undertaking some professional development activities relevant to my supervision skills in my CPD at least every two years.

I understand that BAS status can be revoked as outlined in the Board's *Guidelines for supervisors*.

Name of applicant

Date

Signature of applicant

 SIGN HERE



SECTION E: Checklist

Have the following items been attached if required?

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 5	A separate sheet with your additional restriction details	<input type="checkbox"/>
Question 7	A copy of the certificate(s) of completion for your Board-approved training program	<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.

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

Sydney NSW 2001
 Adelaide SA 5001

Canberra ACT 2601
 Perth WA 6001

Melbourne VIC 3001
 Hobart TAS 7001

Brisbane QLD 4001
 Darwin NT 0801