



Application to act as a Board-approved supervisor

Profession: Psychology

The Health Practitioner Regulation National Law (the National Law)

This form is for psychologists applying for Board-approved supervisor (BAS) status for the first time; and for those seeking reinstatement after BAS status lapsed or was revoked.

To maintain your BAS status you must use a different form: *Application to maintain Board-approved supervisor status - MBAS-76*.

BAS status is required to supervise the following training pathways:

- internships (4+2 and 5+1)
- higher degrees (placements and work in addition to placements)
- registrar programs (additional requirements for principal supervisors – see below)
- re-entry programs (for those returning to practice), and
- transitional programs (for overseas-qualified psychologists).

Eligibility requirements for all supervisors

The requirements for becoming a Board-approved supervisor and for maintaining Board approval are outlined in the Board's *Guidelines for supervisors*. You must have held general registration for three years, or overseas equivalent, before applying for BAS status. You need to have held area of practice endorsement or equivalent, for two years before becoming a registrar program principal supervisor. All supervisors need to complete a Board-approved supervisor training program before applying for BAS status. Further information on becoming a supervisor is available at www.psychologyboard.gov.au/Registration/Supervision



This application will not be considered unless it is complete and all supporting documentation has been provided. You must attach a copy of your full training certificate(s) of completion from a Board-approved supervisor training provider (originals/certified copies 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: **X**
- **DO NOT** send original documents.



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 <input type="checkbox"/>	MRS <input type="checkbox"/>	MISS <input type="checkbox"/>	MS <input type="checkbox"/>	DR <input type="checkbox"/>	OTHER <input type="text" value="SPECIFY"/>
Family name*						
<input type="text"/>						
First given name*						
<input type="text"/>						
Middle name(s)*						
<input type="text"/>						
Previous names known by (e.g. maiden name)						
<input type="text"/>						
Date of birth	<input type="text" value="DD"/>	/	<input type="text" value="MM"/>	/	<input type="text" value="YYYY"/>	

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	<input type="text" value="P"/>	<input type="text" value="S"/>	<input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION B: Contact information



You can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

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 located at www.psychologyboard.gov.au/Registration/Supervision/Search. Search results will include your name, registration number, principal place of practice (suburb and postcode), and the date your BAS status expires. If you are approved as a registrar program principal supervisor this will be displayed in the results together with the area(s) of practice you are approved for.

Users of the list can send you a message and their contact details using an Ahpra-hosted online form.

This means that your email address is not provided to anyone unless you choose to provide it when responding to someone's message.

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. Do you currently hold general registration?

YES ☐

NO ☒



You are not eligible to apply for Board-approved supervisor status.

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



This includes conditions or restrictions that relate to, affect, or are likely to affect the capacity or ability to provide supervision. 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 under 'Other forms'.

YES ☐

NO ☒ **Go to question 9**

Provide details below



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

7. Was your BAS status revoked by the Board?



Revocation is not the same as lapsing. The latter occurs if you do not complete refresher training within five years. See the *Guidelines for supervisors* for information on the Board's revocation policy.

YES ☒ **Go to the next question**

NO ☐ **Go to question 9**



8. Have you completed the remediation (e.g. training) required by the Board?

N/A ☐ I was not required to complete any remediation.

YES ☐

Provide details below



Attach any certificates of training completion or other evidence of remediation.

NO ☐

Provide details below of why you have not completed the remediation required by the Board



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

9. Do you wish to apply for approval as a registrar program principal supervisor?



To be a principal supervisor of a psychologist completing a registrar program you need to currently hold an endorsement in the relevant area of practice and need to have held this endorsement (or equivalent) for at least two years.

YES ☐

NO ☐

Mark the area(s) of practice that you wish to supervise registrars in

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



SECTION D: Supervisor training

10. Have you completed a Board-approved supervisor training program?



If you are seeking BAS status for the first time, or wish to reinstate BAS status after it lapsed, you must complete full training (parts 1, 2 and 3). Completion of supervisor training can count toward your CPD requirements.

YES

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

- | | |
|--|---|
| <input type="checkbox"/> Amber Louise Howard | <input type="checkbox"/> La Trobe University |
| <input type="checkbox"/> ACAP University College | <input type="checkbox"/> Monash Health |
| <input type="checkbox"/> Australian Psychological Society (APS) | <input type="checkbox"/> Murtupuni Centre for Rural & Remote Health & College of Healthcare Sciences, James Cook University (MCRRH-JCU) |
| <input type="checkbox"/> Benchmark Psychology, Supervisor Training and Approval Program (STAP) | <input type="checkbox"/> Okey Dokey Supervisor Training |
| <input type="checkbox"/> Cairnmillar Institute | <input type="checkbox"/> STREAM Psychology |
| <input type="checkbox"/> Clinical Supervision Services (CSS) | <input type="checkbox"/> The Talbot Centre |
| <input type="checkbox"/> Competency-Based Excellence in Supervisor Training (C-BEST) | <input type="checkbox"/> UNSW Forensic Psychology Clinic |
| <input type="checkbox"/> Deakin University | |

Completion date of the assessment component of training (part 3)

DD / MM / YYYY



You **must** attach a copy of a certificate showing that you have completed all three parts of the course (or separate certificates for each part). Please note you are not required to send the original. A printed copy of a certificate emailed to you by the provider is sufficient.

NO

Provide details below

SECTION E: 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:

- ensure that I demonstrate the supervisor competencies set out in the *Guidelines for supervisors* and the requisite skills and training to provide a high standard of supervision
- meet my obligations as an approved supervisor and a registered practitioner under the National Law, the *Code of conduct*, *Guidelines for mandatory reporting*, and *Guidelines for supervisors*
- immediately tell my supervisee(s) if my BAS 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
- maintain and 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

DD / MM / YYYY

Signature of applicant



SIGN HERE



SECTION F: Checklist

Have the following items been attached, if required?

Additional documentation		Attached
Question 1	Evidence of a change of name	<input type="checkbox"/>
Question 6	A separate sheet with your additional restriction details	<input type="checkbox"/>
Question 8	Copies of any certificates or remediation (e.g. training) completed	<input type="checkbox"/>
Question 8	A separate sheet with your additional remediation details	<input type="checkbox"/>
Question 10	A copy of the certificate(s) of completion for your Board-approved training program	<input type="checkbox"/>



Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at www.ahpra.gov.au/registration/online-upload.
You may contact Ahpra on 1300 419 495

Information and definitions

CERTIFYING DOCUMENTS

DO NOT send original documents.

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.aspx
- 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,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. 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.aspx

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.