



Plan for professional development and re-entry to practice

Profession: **Psychology**

SECTION A: Your application details

1. What are the registrant's details?

Name

Registration number

2. When was the last time you practised as a registered psychologist?

Date

 / /

Registration board/licensing authority

3. Have you submitted a CV to Ahpra as part of an application for registration within the last three months?

YES ☒

NO ☐



You **must** attach a signed and dated curriculum vitae in the Ahpra standard format, including details of:

- psychology practice history including area of practice and whether you were registered/licensed as a psychologist in the relevant jurisdiction
- registration/licensures as a psychologist in Australia and overseas (registration/licensing authority, registration type, registration number, dates of registration)
- gaps in your practice history of more than three months from the date you obtained your qualification, and
- details of any clinical or procedural skills training undertaken.

The Ahpra standard CV format guideline is at www.ahpra.gov.au/Registration/Applying-for-registration/Standard-Format-for-Curriculum-Vitae.

4. What are the details of your proposed employment?

Name of employer/organisation

Employer/organisation practice address

Business phone



You are required to provide a description of employment. You **must** attach:

1. An official position description for your proposed work roles(s) on the employer's letterhead, signed and dated by an authorised person. The position must include:
 - position title
 - reporting requirements
 - tasks and activities to be undertaken
 - hours of work per week
 - percentage of duties that are psychological practice, and
 - approximate amount of direct client contact.
2. Written confirmation of job offer (if applicable) on the proposed employer's letterhead, signed and dated by an authorised person.

5. Provide any required details of the position(s) that are not included in the position description or confirmation of job offer.

SECTION B: Details of your professional development and re-entry to practice plan

Learning needs analysis

You should consider the knowledge and skills that are required for the proposed position in order to determine any gaps in your knowledge and skills. You should then develop a program to address your learning needs. List any gaps in knowledge and skills and provide the measures to address these. For example, list any professional development, training or programs to be completed, and how learning needs will be addressed through practice and professional supervision. Include goals to be achieved and expected outcomes and timeframes for achievement of goals. Attach additional pages if more space is required.

Identified learning needs	How will you address these learning needs? E.g. supervised professional practice, professional supervision/peer consultation, formal CPD activities, private study and reading activities etc



Supervision and feedback

When you return to work after a period of absence, the Psychology Board of Australia (the Board) expects that you will have support and supervision with a Board-approved supervisor. A supervisor will:

- assist with your re-entry to practice by helping you to identify and address skills and knowledge gaps due to changes in the profession and attrition of knowledge since you last practised as well as any development requirements for re-entry to a new scope of practice
- assess your progression and achievement of learning goals through direct observation, formal supervisor, review of practice documents and case reports, and
- provide oversight to ensure your practice is contemporary, safe, effective and ethical, discuss any concerns with you and report any serious concerns to the Board.

6. What are the supervisor details?

Proposed principal supervisor details

Name

Registration number

Will the principal supervisor be onsite, i.e. employed in the same location as you?

☒

Yes, full time

☒

Yes, part time

☒

No

Proposed secondary supervisor details (if applicable)

Name

Registration number

Will the secondary supervisor be onsite, i.e. employed in the same location as you?

☒

Yes, full time

☒

Yes, part time

☒

No

7. Describe how the supervision will take place, the proposed frequency of supervision and the types of supervision that will be provided (e.g. direct, on-site, telephone, direct observation).

Supervision for re-entry to practice must include at least one hour of supervision per week, or per 38 hours of practice, and at least two direct observations of practice with clients every six months.

8. How will the performance and progress be monitored, reviewed and assessed by the supervisor(s)?

E.g. log books, review of records/case notes/correspondence/reports, audit, multi-source feedback, progress reports, case reports, discussion in supervision sessions.

9. What are the proposed number of hours for the re-entry program and the estimated date for completion of the re-entry to practice plan?

Refer to the *Policy for recency of practice requirements* for the standard range of required hours for your length of absence from registered psychology practice.

Proposed number of practice hours

Anticipated completion date



10. What are the factors, as listed in the *Policy for recency of practice requirements*, you have considered in proposing the specific number of hours?

11. What measures will be put in place if the learning needs are not satisfactorily met within the anticipated time frame, or if there are any concerns about safety to practise?

Reporting to the Board

Please note that to successfully complete the re-entry program you will also be required to pass the national psychology exam, and your supervisor must complete the final assessment of competence report on your final progress report.

12. How often do you propose that progress reports will be submitted to the Board?

☐ Every three months
 ☐ Every six months
 ☒ Other – *specify below*

13. How many case report(s) do you propose will be submitted to the Board?

☐ None
 ☐ One
 ☐ Two
 ☒ Other – *specify below*

Recent professional activities to be considered

14. List or attach details of any professional practice activities you have undertaken in the last five years that do not meet the requirements of the recency of practice registration standard, but which you wish to have taken into account.

E.g. overseas psychological practice in a country that does not register psychologists; non-psychological practice in a related field; teaching or research in position that did not use the title 'psychologist' or require registration

15. List or attach details and evidence of any professional development activities you have undertaken in the last 12 months.

Include formal (workshops, conferences etc.) and informal (self-directed study such as reading and research) activities.



16. List or attach details and evidence of any relevant professional supervision or peer consultation activities you have undertaken in the last 12 months.



You **must** attach details and evidence of recent professional activities. Evidence could include:

- CV (attached at *Section A: Your application details*)
- position descriptions
- letters from employers, supervisors or peers
- academic transcriptions, certificates, exam results
- CPD activity log
- certificates/receipts for CPD activities
- supervision/peer consultation log
- CPD/peer consultation/supervision journal
- registration certificate or certificate of good standing from overseas psychology registration authority, or
- details of relevant professional memberships.

SECTION C: Practitioner and supervisor agreement

Practitioner statement

I agree to abide by the plan for professional development and for re-entry to practice that has been approved by the Psychology Board of Australia (the Board).

I agree that I am responsible for my own professional development and learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake professional development activities to enable me to overcome any deficiencies in my professional knowledge or skills.

I understand that my supervisor will notify the Board if he or she has concerns that my professional performance may be placing the public at risk of harm, or if they are aware I have breached any condition of my registration or undertaking made to the Board.

Applicant name

Date

 / /

Applicant signature



SIGN HERE

Supervisor statement

I agree to undertake the supervisory and support role outlined in the plan for professional development and for re-entry to practice that has been approved by the Board.

I will notify the Board if I am concerned that the professional performance of the above practitioner is placing the public at risk and if I cannot provide the necessary support to ensure the safety of the public.

I will report to the Board when the practitioner has completed the plan for professional development re-entry to practice and I will confirm whether or not the practitioner is safe to practise independently in his or her current position.

Principal supervisor name

Date

 / /

Principal supervisor signature



SIGN HERE



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