



## Application for approval of registrar program in an approved area of practice

### Profession: Psychology


The Health Practitioner Regulation National Law (the National Law)

This form is for psychologists with general registration applying for approval of a registrar program for the purpose of gaining endorsement in an approved area of practice. The registrar program may only begin once the Psychology Board of Australia (the Board) has granted approval.

This form should be signed by **both** the registrar and the principal supervisor. Academic transcripts required **must** be submitted directly to the Australian Health Practitioner Regulation Agency (AHPRA) by the issuing institution. Copies will **not** be accepted.

It is important that you refer to the Board's *Guidelines on area of practice endorsements* to determine whether you meet the eligibility criteria.

Registration standards, codes and guidelines can be found at [www.psychologyboard.gov.au](http://www.psychologyboard.gov.au)

 **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](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.



#### Signature required

Requests appropriate parties to sign the form where indicated.



#### Mail document(s) directly to AHPRA

Requires delivery of documents by an organisation or the applicant.

### 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



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?

Title\* MR  MRS  MISS  MS  DR  OTHER

Family name\*

First given name\*

Middle name(s)\*

Date of birth  /  /

Country 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\*



## SECTION B: Area of endorsement

**3. What area of practice are you applying to complete a registrar program in?**

**Select only one of the approved area of practice endorsements**

<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 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**

**5. 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.

Refer to the question below for the definition of 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\***

**Country (if other than Australia)**

## SECTION D: Qualification for area of practice endorsement

**6. What are your tertiary qualifications in the area of practice for which you are seeking endorsement?**

**i** The Board's guidelines contain information on approved qualifications and supervised practice accepted for endorsement.

**Tertiary qualification**

Title of qualification

Name of institution (University/College/Examining body)

Country

Start date      Completion date

/         
   /




**Additional qualification**

Title of qualification

Name of institution (University/College/Examining Body)


Country

Start date  /  /  /  /  /       Completion date  /  /  /  /  /

 You **must** arrange for an academic transcript to be forwarded directly from the issuing institution to your AHPRA state office. Copies of transcripts will not be accepted.

Official academic transcripts showing conferral of the qualification on which this application is based that have previously been provided as part of another application under the National Law (i.e. an application for general registration) do not need to be provided again.

If any qualification is not from an Australian university, you must submit a certified copy of the assessment of the qualification completed by the Australian Psychological Society, indicating the level at which your qualification is comparable to an Australian Psychology Accreditation Council (APAC) sequence of study in psychology. For more information, see *Certifying documents* in the *Information and definitions* section of this form.

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

**SECTION E: Details of psychology practice and supervision**

7. What are the details of your psychology practice?

**Position**

**Employer**


**Practice address**  
 Site/building and/or position/department (if applicable)


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

City/Suburb/Town\*

State/Territory\* (e.g. VIC, ACT)       Postcode\*

**Hours per week**  SPECIFY  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). The position description must include the title of your position, reporting requirements responsibilities, tasks and activities to be undertaken, hours of work, and be signed by the principal supervisor or employer (i.e. HR manager, line manager, business owner) to verify the attached position description is correct.

 Attach a separate sheet if additional positions do not fit in the space provided.



8. What are the details of your principal supervisor?

**Supervisor details**  
 Name of supervisor  
  
 Registration number  
  
 Area of practice endorsement

**Contact details**  
 Business hours  
         
 Mobile  
     
 After hours  
     
 Email

**Address details (preferred address for correspondence)**  
 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  
  
 State or territory (e.g. VIC, ACT)/International province  
       
 Postcode/ZIP  
       
 Country (if other than Australia)

9. Is your proposed supervisor approved as a principal supervisor in the area of practice you are applying to complete a registrar program in?

You can check your approved supervisor details by searching the Board's online supervisor list available at [www.psychologyboard.gov.au/Registration/Supervision/Search](http://www.psychologyboard.gov.au/Registration/Supervision/Search)

YES  NO

**Choose appropriate option**  
 But they are currently applying for approval  
 They are not approved as a principal supervisor in the area of practice mentioned above

**Your supervisor must be Board-approved to provide this type of supervision.**



**10. What is the proposed supervision period?**



DPsych/PsyD graduates require a minimum of 12 months of supervised practice. Combined MPsych/PhD graduates require a minimum of 18 months of supervised practice. Masters graduates require a minimum of 24 months of supervised practice.

Transition provisions apply for any psychologist who on 30 June 2010 was undertaking an APAC accredited Master of Psychology degree (or combined MPsych/PhD) associated with an area of practice endorsement who will be eligible to apply for an area of practice endorsement after graduating from the degree and completing only one year of the Board registrar program. To be eligible for a reduction in the registrar program under this provision the academic transcript provided to the Board at question 8 must show that you were enrolled at 30 June 2010.

**Proposed supervision period**

months

**SECTION F: Supervision agreement**

It is agreed that:

- The supervision will begin within 28 days of the date the registrar program is approved by the Board.
- The supervisor will make the registrar aware of the ethical codes and standards of practice required by the Board.
- The supervisor and registrar will set six-monthly objectives and regularly review these as a part of the supervision.
- The registrar will submit to the Board a progress report completed by the supervisor every six months (*Progress report for the registrar program – PREA-76*).
- The supervisor will assess whether the registrar’s core capabilities are at a level of depth and expertise appropriate to the approved area of practice endorsement.
- Supervision will occur at least fortnightly.
- Supervision will be on an individual (one-on-one) basis.
- Supervision will be provided at a minimum rate of 40 hours per full-time equivalent year of psychological practice.
- A professional development program will be developed that meets the registrar’s practice requirements and the Board’s *Continuing professional development (CPD) registration standard* and the *Guidelines on area of practice endorsements*.
- Any workshops completed as part of the continuing professional development program will be directly relevant to the registrar’s area of practice.
- The supervisor and registrar have determined the method of conflict resolution to be used in the event of a grievance arising in the supervision process.
- The registrar will submit an application for approval to the Board within 21 days if there is a change in supervision (*Application to change supervisor for a psychology registrar program – ACSP-76*) or practice arrangements (*Application to change practice site for a psychology registrar program – ACAP-76*).
- The registrar will submit to the Board a final supervision report completed by the supervisor on completion of the requirements of the registrar program (*Progress report for registrar program for endorsement in an approved area of practice – PREA-76*) or when there is a change in supervisor (*Application to change supervisor for a psychology registrar program – ACSP-76*).
- If progress reports are not submitted within 21 days of falling due, the Board may not recognise the period of supervised practice for the registrar program..
- If any practice or supervision hours do not meet minimum requirements, the Board may require the registrar program to be extended.

<p>Name of applicant</p> <input type="text"/>	<p>Signature of applicant</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <span style="font-size: 2em; color: lightblue; opacity: 0.5;">SIGN HERE</span> </div>
<p>Date</p> <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

<p>Name of supervisor</p> <input type="text"/>	<p>Signature of supervisor</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <span style="font-size: 2em; color: lightblue; opacity: 0.5;">SIGN HERE</span> </div>
<p>Date</p> <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	



# SECTION G: Obligations and consent



**Before you sign and date this form**, make sure that you have answered all of the relevant questions correctly and read the statements below. An incomplete form may delay processing and you may be asked to complete a new form. For more information, see the *Information and definitions* section of this form.

## Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

### Continuing professional development

1. A registered health practitioner must undertake the continuing professional development required by an approved registration standard for the health profession in which the practitioner is registered.

### Professional indemnity insurance arrangements

2. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
3. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
4. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

### Notice of certain events

5. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
  - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—
    - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
    - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
    - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
  - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

### Change in principal place of practice, address or name

6. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
  - a) a change in the practitioner's principal place of practice;
  - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

### Employer's details

7. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
8. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

## Consent

I consent to the Board and AHPRA making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application. I authorise the Board to obtain my criminal history in Australia and overseas.

I understand that:

- a complete criminal history, including resolved and unresolved charges, spent convictions, and findings of guilt for which no conviction was recorded, will be released to the Board, and
- information will be extracted from this form and used for the purpose of criminal history checking. This information may be used by Australian police services for law enforcement purposes including the investigation of any outstanding criminal offences.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity, and
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted.

I undertake to comply with all relevant legislation and Board registration standards, codes and guidelines.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in the attached documents.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

Signature of applicant

SIGN HERE

Name of applicant

Date

D

D

/

M

M

/

Y

Y

Y

Y



# SECTION H: Payment



You are required to pay an application fee.

Application fee:
<b>\$249</b>

=

Amount payable:
<b>\$249</b>
Applicants <b>must</b> pay 100% of the stated fees at the time of submitting the application.



### Refund rules

The application fee is non-refundable.

### 11. How are you paying your fees?



Payment by cheque, money order or bank draft must be in Australian currency, drawn on an Australian bank. A receipt will be provided.

#### Mark one box below only



Visa or MasterCard  
**Complete credit/debit card payment slip below**



Cash/EFTPOS  
(only available if paying in person)



Cheque/Money order/Bank draft



You **must** attach cheque or money order payable to the Australian Health Practitioner Regulation Agency.



- On the back of the cheque, money order or bank draft, you **must** write:
- your name, and
  - your registration number.

## Credit/Debit card payment slip – please fill out

Amount payable

Visa or MasterCard number

Expiry date

Name on card

Cardholder's signature



SIGN HERE



# SECTION I: Checklist

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

<i>Additional documentation</i>		<b>Attached</b>
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 6</b>	Academic transcripts to be sent directly to AHPRA has been requested from the issuing institution(s)	<input type="checkbox"/>
<b>Question 6</b>	A separate sheet with your additional qualifications	<input type="checkbox"/>
<b>Question 7</b>	Position description(s)	<input type="checkbox"/>
<b>Question 7</b>	A separate sheet with additional position details	<input type="checkbox"/>
<b>Payment</b>		
	Application fee	<input type="checkbox"/>
	If paying by cheque/money order/bank draft, your name and registration number are written on the back	<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](http://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](http://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](http://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.

### PRACTICE

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

**Please post this form with payment 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](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