



## 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.

Doctoral degree candidates who wish to start the registrar program alongside their degree can apply for early general registration after completing the equivalent of a fifth and sixth year qualification and making progress with their doctoral thesis. See the *Policy for higher degree students applying for general registration* at [www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies](http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies).

Registrars who have completed an approved higher degree qualification in two areas of practice and intend to concurrently complete a registrar program in both areas must complete a separate AEAP-76 form for each area of practice and pay two registrar program application fees.

This form should be signed by both the registrar and the principal supervisor. Refer to the Psychology Board of Australia's (the Board) *Guidelines on area of practice endorsements* to determine whether you meet the eligibility criteria to commence a registrar program. Registration standards, codes and guidelines can be found at [www.psychologyboard.gov.au/Standards-and-Guidelines](http://www.psychologyboard.gov.au/Standards-and-Guidelines)






 **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\*

P	S	Y												
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## SECTION B: Area of endorsement

3. Which 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**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<b>Mobile</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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**After hours**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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**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 on area of practice endorsements* contain information on approved qualifications and supervised practice accepted for endorsement, available at [www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies](http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies).

**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** attach to this application an academic transcript indicating you have met all of the requirements of the qualification and you have graduated from the degree.

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 may be requested to provide more information about your qualifications.

If you are a provisional psychologist who is completing an approved postgraduate degree accredited at fifth and sixth year level which includes a Doctoral thesis, or an approved postgraduate degree accredited at fifth, sixth and seventh year level, you must apply for early general registration in order to apply for approval of a registrar program. You must submit form AGEN-76, and have your education institution complete the *Statement of assessment for provisional psychologists* (PDEC-76 form) to apply for early general registration.

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**  
  This address will be my new principal place of practice

 You must attach a position description or duty statement that describes the activities and duties to be undertaken in the position.

 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 registrar program 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 registrar program 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 minimum duration of psychological practice required for this registrar program?**

- i** The minimum duration of psychological practice required is dependent on your postgraduate qualification and whether you are:
- seeking your first endorsement
  - already endorsed and seeking another endorsement, or
  - applying to simultaneously complete multiple registrar programs to seek multiple endorsements.

**Mark one box only**


Postgraduate qualification	Seeking your first endorsement	Already endorsed and seeking another endorsement	Applying to simultaneously complete multiple registrar programs to seek multiple endorsements
Approved postgraduate qualification accredited as a fifth and sixth year of study. (e.g. Masters degree)	<input type="checkbox"/> 3000 hours	<input type="checkbox"/> 2250 hours	<input type="checkbox"/> 2250 hours per area of practice
Approved postgraduate qualification accredited as a sixth year of study (e.g. One-year bridging program)	<input type="checkbox"/> 3000 hours	<input type="checkbox"/> 2250 hours	<input type="checkbox"/> 2250 hours per area of practice
Approved postgraduate qualification accredited as a fifth and sixth year of study including a Doctoral thesis (e.g. Combined Masters/PhD)	<input type="checkbox"/> 2250 hours	<input type="checkbox"/> 1687.5 hours	<input type="checkbox"/> 1687.5 hours per area of practice
Approved postgraduate qualification accredited as a fifth to seventh year of study or higher (e.g. Doctoral degree)	<input type="checkbox"/> 1500 hours	<input type="checkbox"/> 1125 hours	<input type="checkbox"/> 1125 hours per area of practice
Enrolled in an approved postgraduate qualification accredited as a fifth and sixth year of study (e.g. Masters degree) on 30 June 2010	<input type="checkbox"/> 1500 hours	<input type="checkbox"/> 1125 hours	<input type="checkbox"/> 1125 hours per area of practice

**SECTION F: Supervision agreement**

It is agreed that:

- The supervisor will ensure the registrar understands and practises in accordance with the ethical codes and standards of practice required by the Board.
- On a regular basis throughout the registrar program, the supervisor will evaluate the registrar’s progress towards demonstrating the area of practice competencies.
- The registrar will submit to the Board a progress report completed by the supervisor when the registrar has completed half of the required supervised practice hours. (*Form PREA-76*).
- At the end of the registrar program, the supervisor will assess whether the registrar’s competencies are at a level of depth and expertise appropriate to the approved area of practice endorsement.
- By the end of the registrar program:
  - At least 50% of the total supervision hours will have been completed with the principal supervisor who is endorsed in the relevant area of practice
  - No more than 50% of the total supervision hours will be completed with a secondary supervisor who is endorsed in the relevant area of practice, and
  - No more than 33% of the total supervision hours will be completed with a secondary supervisor who is **not** endorsed in the relevant area of practice.
- Supervision will occur frequently throughout the registrar program as appropriate, provided the registrar receives adequate support and total supervision hours are met.
- Supervision will be on an individual (one-on-one) basis for at least 66% of the total supervision hours.
- 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*.
- 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 if there is a change in supervision (*Form ACSP-76*) or practice arrangements (*Form ACAP-76*).
- The registrar will submit to the Board a final progress report on completion of the requirements of the registrar program (*Form PREA-76*).

Name of applicant <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of applicant  SIGN HERE
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Name of supervisor <input type="text"/> Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature of supervisor  SIGN HERE
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## 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 to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge 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 Ahpra and the Board,
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have been known
- my personal information may be used by police for general law enforcement purposes, including those purposes set out in the *Australian Crime Commission Act 2002* (Cth),
- my identity information provided with this application will be enrolled with Ahpra to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

### 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 acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required under the National Law and other correspondence relating to my application and registration (if granted) will be sent electronically to me via my nominated email address, and
- Ahpra uses overseas cloud service providers to hold, process and maintain personal information where this is reasonably necessary to enable Ahpra to perform its functions under the National Law. These providers include Salesforce, whose operations are located in Japan and the United States of America.

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 this application and in the documents provided.

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

 /  /



# SECTION H: Payment



You are required to pay an application fee.

**Application fee:**  
**\$255**

=

**Amount payable:**  
**\$255**  
Applicants **must** 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
- 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>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 6</b>	Academic transcripts	<input type="checkbox"/>
<b>Question 6</b>	A separate sheet with your additional qualifications	<input type="checkbox"/>
<b>Question 7</b>	Position description / statement of duties	<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.aspx](http://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, 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.aspx](http://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.

### 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