



## Application for an area of practice endorsement on completion of an approved registrar program

Profession: Psychology

Part 7 Division 8 of the Health Practitioner Regulation National Law (the National Law)


This form is for psychologists who hold general registration and have completed a Psychology Board of Australia (Board) approved registrar program, to apply for endorsement in an approved area of practice. **This form includes your final progress report at Section E.**

Registrars who have completed an approved higher degree qualification associated with two areas of practice and who have concurrently completed registrar programs in both areas of practice, must complete a separate AECR-76 form for each area of practice and pay two endorsement application fees.

Registrars who were granted early general registration before completing their Doctoral degree or combined masters/PhD must provide evidence of completion of their higher degree with this application.

This form should be signed by both the registrar and the supervisor.

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 Australian Health Practitioner Regulation Agency (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.

### 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: Area of practice

1. Which area of practice endorsement are you applying for?

Select only one of the approved areas of endorsement

- |   |  |   |
|---|--|---|
| <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 B: Personal details



The information items in this section of the application marked with an asterisk (\*) will appear on the public register.

### 2. 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.

### 3. What is your registration number?

**Registration number\***

## 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?



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)**



**6. Will the address of your principal place of practice be the same as your residential address?**

YES

NO  *Provide your Australian principal place of practice below*

- i** Principal place of practice for a registered health practitioner is:
- the address at which you will predominantly practise the profession; or
  - your principal place of residence, if you are not practising the profession or are not practising the profession predominantly at one address.

Principal place of practice **cannot** be a PO Box.  
The information items marked with an asterisk (\*) will appear on the public register.

**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\***

**7. What is your mailing address?**

**i** Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (*Provide your mailing address below*)

**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)**

**SECTION D: Qualification for endorsement**

**8. Did you apply for early general registration while enrolled in a postgraduate degree with Doctoral thesis in order to start a registrar program before completing your thesis?**

YES

NO  *Go to the next question*

You **must** attach to this application your academic transcript that indicates that you have met all of the requirements of the postgraduate qualification (including that you have received a final mark for any thesis) and that you have graduated from the degree.



**SECTION E: Final progress report**

9. What are the details of the principal supervisor?

**Supervisor details**

MR  MRS  MISS  MS  DR  OTHER

Family name\*

First given name\*

Middle name(s)\*

Registration number

Business hours phone    After hours phone

Email

10. What are the details of the psychology practice?

**Position title**

**Employer**

**Hours per week**

**Position title**

**Employer**

**Hours per week**

11. What dates did you start and finish your registrar program?

**Period of psychological practice**  /  /  to  /  /

12. How many hours of psychological practice did you complete in your registrar program?

**Hours**

13. How many hours of individual and group supervision did you complete?

**i** The frequency of supervision sessions can be flexible and varied throughout the registrar program as appropriate for the registrar, as long as the required total supervision hours are met when applying for endorsement. By the end of the registrar program, up to 33% of total supervision can be completed as group supervision. The remaining 66% must be completed as individual supervision.

**Hours of individual supervision**  **Hours of group supervision**



**14. How many hours of supervision have been completed with your supervisor(s)?**



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.

**Hours of supervision completed with a principal supervisor endorsed in the relevant area of practice**

**Hours of supervision completed with a secondary supervisor endorsed in the relevant area of practice**

**Hours of supervision completed with a secondary supervisor endorsed in a different area of practice or who does not hold endorsement**

**15. How many hours of continuing professional development did you complete?**

Hours

**16. Supervisor’s evaluation of the registrar’s progress towards attaining each of the competencies required for endorsement in the relevant area of practice.**



**This evaluation must be completed by the registrar’s supervisor.** When the registrar has completed their registrar program, it is expected that the registrar will be competent in performing complex tasks without guidance or supervision in **all** competencies of the relevant area of practice. Refer to the competencies relevant to the registrar’s chosen area of practice outlined in the appendix of the *Guidelines on area of practice endorsement* available at [www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies](http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies)

**For each competency listed below, tick one option that best applies to the registrar’s progress**

Competencies	1. Basic knowledge and skills present, but competence insufficiently developed.	2. Competence for performing tasks but requiring guidance and supervision.	3. Competence for performing basic tasks without guidance or supervision.	4. Competence for performing complex tasks without guidance or supervision.
Knowledge of the discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical, legal and professional matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological assessment and measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication and interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with people from diverse groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice across lifespan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION F: Supervisor's declaration

I, having supervised the work of the applicant named below between the dates nominated below, certify that he/she has fulfilled the professional and practice requirements for endorsement in the area nominated below and is competent to undertake independent practice in that area.

I recommend that the registrar be granted endorsement.

<b>Name of applicant</b> <input type="text"/>	<b>Area of endorsement</b> <input type="text"/>
<b>Period of supervision</b> DD / MM / YYYY to DD / MM / YYYY	

<b>Name of supervisor</b> <input type="text"/>	<b>Signature of supervisor</b>  SIGN HERE
<b>Date</b> DD / MM / YYYY	



## SECTION G: Consent and declaration



**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.

### Consent to nationally coordinated criminal history check

I consent to Ahpra and the National Board, at any time during the next 12 months, obtaining a written report about my criminal history through a nationally coordinated criminal history check. I acknowledge that:

- Ahpra and the National Boards may obtain a written report about my criminal history at any time during the next 12 months
- 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 National Board
- my personal information currently held by Ahpra and from this form will be 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 and used by Ahpra and the National Board when obtaining a written report about my criminal history at any time during the next 12 months
- if I have not provided any identity information with this application, and Ahpra needs to obtain a written report about my criminal history at any time during the next 12 months, I will provide the required identity information when requested by Ahpra
- Ahpra may validate documents in support of this application, or that I provide when requested at any time during the next 12 months, as evidence of my identity at any time during the next 12 months
- if and when this application for renewal of registration is granted, Ahpra may obtain a written report about my criminal history at any time during the next 12 months for the purpose of:
  - a) checking a statement made by me in this application for renewal,
  - b) an audit carried out by the National Board,
  - c) assessing my ongoing suitability to hold health practitioner registration, including if a complaint is made about me to Ahpra, or
  - d) considering an application made by me about my health practitioner registration, and
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

### Declaration

I **declare** that:

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

I make this declaration in the knowledge that a false declaration amounts to a contravention of the National Law and may lead to refusal of registration or health, conduct or performance action under the National Law.

I **confirm** that if I advertise any of my services or my business, the advertising\* complies with section 133 of the National Law and the National Board's Advertising Guidelines as it:

- Is not false, misleading or deceptive or likely to be misleading or deceptive
- does not offer a gift, discount or other inducement without stating the terms and conditions of the offer
- does not use testimonials or purported testimonials about the service or business
- does not create an unreasonable expectation of beneficial treatment, and
- does not directly or indirectly encourage the indiscriminate or unnecessary use of my services.

\*For information about advertising obligations please see the advertising resources page on:

<https://www.ahpra.gov.au/Publications/Advertising-hub.aspx>

I **acknowledge** that:

- the National Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application for renewal of registration 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 for renewal of registration will be sent to me electronically to me via my nominated email address
- 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 the all relevant legislation and National Board registration standards, codes and guidelines.

I **understand** that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by the National Law.

Signature of applicant



SIGN HERE

Name of applicant

Date

 /  /



***This page has been intentionally left blank.***





# SECTION H: Payment

You are required to pay an application fee.

<b>Application fee:</b>	<b>\$255</b>	=	<b>Amount payable:</b>	<b>\$255</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.

17. Please complete the credit/debit card payment slip below.

## 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 2</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 8</b>	Evidence of completion of postgraduate qualification	<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.

**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  
 Adelaide SA 5001

Canberra ACT 2601  
 Perth WA 6001

Melbourne VIC 3001  
 Hobart TAS 7001

Brisbane QLD 4001  
 Darwin NT 0801