



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





 **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.


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.
-  **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

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.

Name of applicant <input style="width: 95%; height: 20px;" type="text"/>	Area of endorsement <input style="width: 95%; height: 20px;" type="text"/>
Period of supervision <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">DD</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">MM</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">YYYY</div> to <div style="border: 1px solid #ccc; padding: 2px 5px;">DD</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">MM</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">YYYY</div> </div>	

Name of supervisor <input style="width: 95%; height: 20px;" type="text"/> Date <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">DD</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">MM</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">YYYY</div> </div>	Signature of supervisor <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div>
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SECTION G: 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.

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:

- failure to complete all relevant sections of this application and 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, 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 the application.

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

Signature of applicant <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div>
Name of applicant <input style="width: 95%; height: 20px;" type="text"/>
Date <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">DD</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">MM</div> / <div style="border: 1px solid #ccc; padding: 2px 5px;">YYYY</div> </div>



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.

17. 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

Name on card

Visa or MasterCard number

Cardholder's signature

SIGN HERE

Expiry date



SECTION I: Checklist

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

<i>Additional documentation</i>		Attached
Question 2	Evidence of a change of name	<input type="checkbox"/>
Question 8	Evidence of completion of postgraduate qualification	<input type="checkbox"/>
<i>Payment</i>		
	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
- 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, 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

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

Sydney NSW 2001	Canberra ACT 2601	Melbourne VIC 3001	Brisbane QLD 4001
Adelaide SA 5001	Perth WA 6001	Hobart TAS 7001	Darwin NT 0801