



# 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

 Which area of practice endorsement are you applying for?

Sel	ect only one	of the	approved	areas o	f endorse	ement
	Clinical nav				1	

Clinical neuropsychology

Clinical psychology

Counselling psychology

/	Egranoia	nevcholo	a.,

Organisational psychology

Sport and exercise psychology

Health psychology

Community psychology

Educational and developmental psychology

Effective from: 20 September 2023

# **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 Name*	MRS 🔀	MISS 🔀	MS 🔀	DR 🔀	OTHER	SPECIFY	
	lano							
First g	iven name*							
Middle	name(s)*							
Date o	Date of birth DD / MM / YYYY							
Countr	ry of birth							
	another provide	name, you	<b>must</b> attacl ard. For mor	h proof of y e informati	our name o	change unles	e providing d s this has be in the <i>Inforn</i>	en previously

3. What is your registration number?

Registration number*
PSY

# **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.

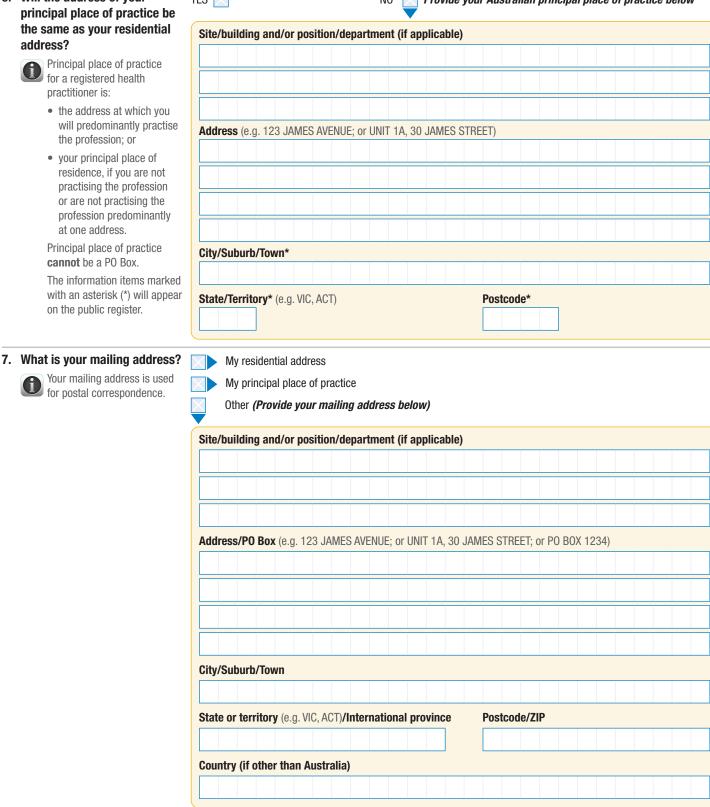
Refer to the question below for the definition of principal place of practice.

Residential address **cannot** be a PO Box.

Site	/bui	ldin	q an	ıd/o	r po	sitio	n/de	par	tmer	nt (i1	apı	plica	ıble)									
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Add	ress	(0.0	j. 12	23 J/	AIVIE	S AV	ENUL	; or	UIVI	1A	, 30	JAM	ES S	IKE	EI)							
City	/Sul	burb	/Tov	wn*																		
_															_							
Stat	te or	ter	ritor	<b>y</b> (e.	.g. VI	C, A	CT) <b>/I</b>	nter	nati	onal	pro	vinc	e*		Post	tcod	e/ZI	P*				
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Effective from: 20 September 2023

AE	CR-76		
6.	Will the address of your principal place of practice be	YES 🔀	NO Provide your Australian principal place of practice below
	the same as your residential address?	Site/building and/or po	sition/department (if applicable)



# **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?



NO Go to the next question



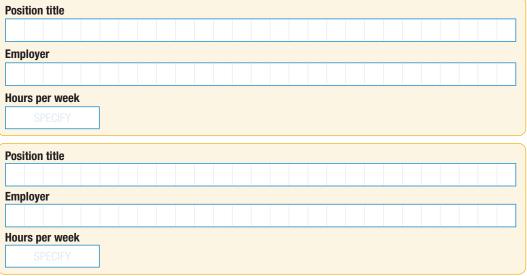
You **must** attach to this application your academic transcript that indicates that you have met all of the requirements of the postgraduate qualification (including that you have received a final mark for any thesis) and that you have graduated from the degree.

# **SECTION E:** Final progress report

9. What are the details of the principal supervisor?

Supervisor	r details													
MR MRS MISS MS DR OTHER SPECIFY														
Family nam	ne*													
First given	name*													
Middle nam	ne(s)*													
Registration	n number													
P S Y														
Business h	ours phone						_	After h	ours p	hone				
Email	, ,													
													,	
Position tit	tle													

10. What are the details of the psychology practice?



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

Period of psychological practice									
DD/MM/	Y Y Y To	DD/MM/	YYYY						

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

Hours SPECIFY

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



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
SPECIFY	SPECIFY

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

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

SPECIFY

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

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	$\times$		$\boxtimes$	$\boxtimes$
Ethical, legal and professional matters	$\times$	$\boxtimes$	$\boxtimes$	$\boxtimes$
Psychological assessment and measurement	$\times$		$\boxtimes$	$\times$
Intervention strategies	$\times$		$\boxtimes$	$\boxtimes$
Research and evaluation	$\times$	×	$\boxtimes$	$\boxtimes$
Communication and interpersonal relationships	×	×	$\boxtimes$	$\boxtimes$
Working with people from diverse groups	$\times$		$\boxtimes$	$\boxtimes$
Practice across lifespan	$\times$	$\boxtimes$	$\boxtimes$	×

# **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	Area of endorsement
Period of supervision	
DD / MM / YYYYY to DD / MM /	YYYY
Name of supervisor	Signature of supervisor
Date	SIGN HERE

## **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 by 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
  - $\mbox{\bf d})$  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 Adverting 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 quidelines.

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	
DD/MM/YYYY	

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# **SECTION H:** Payment

You are required to pay an application fee.

**Application fee:** 

\$268

**Amount payable:** 

**\$268** 

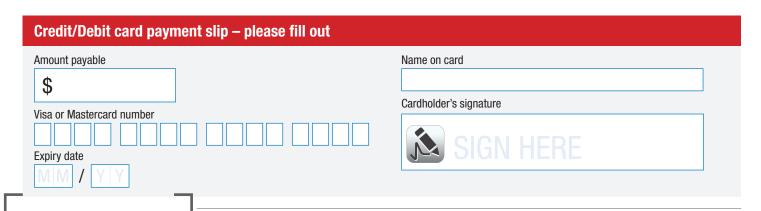
Applicants **must** pay 100% of the stated fees at the time of submitting the application.



**Refund rules** 

The application fee is non-refundable.

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



# **SECTION I:** Checklist

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

Additional documentation		Attached
Question 2	Evidence of a change of name	$\times$
Question 8	Evidence of completion of postgraduate qualification	$\times$
Payment		
	Application fee	$\times$

## 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