



Application to add or change a supervisor in a registrar program

Profession: Psychology


Health Practitioner Regulation National Law (the National Law)

Use this form if you are undertaking an approved registrar program for area of practice endorsement and are changing or adding a supervisor. Provisional psychologists undertaking a 4+2 or 5+1 internship should use form CHPS-76 to change their principal supervisor.

You will receive email notification of the outcome of this application. The form comprises two parts:

- **Part A:** Request for change of supervisor, and
- **Part B:** Transitional progress report.

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





 **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.

PART A – To be completed by the registrant and proposed supervisor

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)*

Previous names known by (e.g. maiden name)

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 practice

3. In which area of practice is your approved registrar program?

i If you are completing a registrar program towards endorsement in more than one area of practice, please complete a separate application form for each area.

Mark all options applicable to your application

<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 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. What is your mailing address?

My residential address

Other (Provide your mailing address below)

i Your mailing address is used for postal 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)

SECTION D: Proposed supervisor

7. What are the details of your proposed supervisor?

i The principal supervisor for a registrar program must be a Board-approved supervisor who holds endorsement in the relevant area of practice and has held that endorsement for at least two years.

For more information, please refer to the *Guidelines for supervisors*, available at www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.

Supervisor details

Name of proposed supervisor

Registration number

DD / MM / YYYY

Date eligibility requirements for supervision were met

Is this supervisor proposed to be the new principal supervisor or secondary supervisor?

Principal supervisor Secondary supervisor

Area of 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)



SECTION E: 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 applications of the area of practice competencies.
- 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.
- A professional development program will be developed that meets the registrar’s practice requirements, and the Board’s *Continuing professional development registration standard* and the *Guidelines on Psychology 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 arrangements (Form ACSP-76) or practice arrangements (Form ACAP-76).
- 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).
- The registrar will submit to the Board a final progress report on completion of the requirements for endorsement (Form PREA-76) or when there is a change in supervisor (ACSP-76).
- The proposed supervisor has seen all progress reports submitted to the Board to date, including the one attached to this request.

<p>Name of registrar</p> <input style="width: 95%;" type="text"/>	<p>Signature of registrar</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
<p>Date</p> <div style="display: flex; align-items: center; gap: 5px;"> <input style="width: 30px; height: 25px; border: 1px solid #ccc;" type="text"/> / <input style="width: 30px; height: 25px; border: 1px solid #ccc;" type="text"/> / <input style="width: 60px; height: 25px; border: 1px solid #ccc;" type="text"/> </div>	

<p>Name of supervisor</p> <input style="width: 95%;" type="text"/>	<p>Signature of supervisor</p> <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> SIGN HERE </div>
<p>Date</p> <div style="display: flex; align-items: center; gap: 5px;"> <input style="width: 30px; height: 25px; border: 1px solid #ccc;" type="text"/> / <input style="width: 30px; height: 25px; border: 1px solid #ccc;" type="text"/> / <input style="width: 60px; height: 25px; border: 1px solid #ccc;" type="text"/> </div>	



PART B – To be completed by the registrant and retiring supervisor

SECTION F: Details of retiring supervisor and registrar seeking approval to change supervisor

8. Retiring supervisor details:

Retiring supervisor details

Name of retiring supervisor

Registration number

Contact details

Business hours phone Mobile

After hours

Email

SECTION G: Details of registrar’s psychology practice

9. What are the details of the registrar’s psychology practice?

Position

Employer

Hours per week

SECTION H: Reporting period

10. What are the dates of the reporting period for this progress report?

Period of psychological practice
 / / to / /

11. How many hours of psychological practice were completed in this reporting period?

Hours of psychological practice completed

12. How many hours of supervision were completed?

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 completed **Hours of group supervision completed**

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

Hours of supervision completed with the principal supervisor

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

Hours of supervision completed with a secondary supervisor who is not endorsed in the relevant area of practice



14. How many hours of continuing professional development were completed?

Hours of continuing professional development completed

15. Supervisor's evaluation of the registrant's progress towards attaining each of the competencies required for endorsement in the relevant area of practice.



This evaluation must be completed by the registrant's supervisor. Refer to the competencies relevant to the registrant'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 registrant'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 I: Declaration and authorisation

I declare that the information and the documents provided in support of this application, are true and correct.

Name of registrant <input type="text"/>	Signature of registrant <div style="border: 1px solid black; padding: 5px; text-align: center;"> SIGN HERE </div>
Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	

Name of supervisor <input type="text"/>	Signature of supervisor <div style="border: 1px solid black; padding: 5px; text-align: center;"> SIGN HERE </div>
Date <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/>	



SECTION J: Checklist

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

<i>Additional documentation</i>		Attached
Question 1	Evidence of a change of name	<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 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