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# ACAP-76



# Application to add or change a primary work role in a registrar program Profession: Psychology

Symbols in this form

Attention

Additional information

Signature required

Completing this form

Use a black or blue pen only.

Read and complete all questions.

Place X in all applicable boxes: 🗶

DO NOT send original documents.

Print clearly in BLOCK LETTERS

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#### the Health Practitioner Regulation National Law (the National Law)

Provides specific information about a question or section of the form.

Processing cannot occur until all required documents are received.

Requests appropriate parties to sign the form where indicated.

Ensure that **all pages** and required **attachments** are returned to Ahpra.

Do not use staples or glue, or affix sticky notes to your application.

Please ensure all supporting documents are on A4 size paper.

Highlights important information about the form.

Attach document(s) to this form

This form is for psychology registrars undertaking an approved registrar program to obtain an area of practice endorsement who wish to add or change a primary work role.

Provisional psychologists undertaking a 4+2 or 5+1 internship who wish to change their work role or placement, should submit an amended internship plan (*SPPR-76* form for 4+2 internships, or *INPP-76* form for 5+1 internships). 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 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**.

### **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     SPECIFY								
Family name*								
First given name*								
Middle name(s)*								
Previous names known by (e.g. maiden name)								
Date of birth DD / MM / YYYY								
Country of birth								
If you have ever been formally known by another name, or you are providing documents in another name, you <b>must</b> attach proof of your name change unless this has been previously provided to the Board. For more information, see <i>Change of name</i> in the <i>Information and definitions</i> section of this form.								

# 2. What is your registration number?

Re	Registration number*												
F	C	S	Y										

# 

	number :	PSY					
	SECTION B: Area of prac	tice					
3.	Which area of practice is your approved registrar program in?	Mark all options applicable to your application         Image: Clinical neuropsychology       Forensic psychology         Clinical psychology       Organisational psychology         Clinical psychology       Organisational psychology         Counselling psychology       Sport and exercise psychology         Educational and developing         psychology					
	SECTION C: Contact info	rmation					
	You can change your contact Please go to <b>www.ahpra.gov</b>	information at any time. <b>au/login</b> to change your contact details using your online account.					
4.	What are your contact details?	Provide your current contact details below – place an in ext to your preferred contact phone number.  Business hours  After hours  Email					
5.	What is your residential	Site/building and/or position/department (if applicable)					
	address? When you are not yet practising, or when you are not practising the profession predominantly at one address:						
	<ul> <li>your residential address will be recognised as your principal place of practice, and</li> <li>the information items marked with an asterisk (*)</li> </ul>	Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)					
	will appear on the public register as your principal place of practice. Residential address <b>cannot</b> be a PO Box.	City/Suburb/Town*					
		State or territory (e.g. VIC, ACT)/International province*     Postcode/ZIP*       Country (if other than Australia)					

6.

AP-76								
What is your mailing address? Your mailing address is used	My residential address	Other ( <i>Provide your mailing address below</i> )						
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							
		amational province Destands /7ID						
	State or territory (e.g. VIC, ACT)/Int	ernational province Postcode/ZIP						
	Country (if other than Australia)							

## SECTION D: Change in primary work role

#### 7. What are the details of the new prima

	new primary work role?	Primary work role details Position title						
	For more information, see							
	Certifying documents in the Information and definitions section of this form.	Employer Address (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)						
		Hours per week     Start date       SPECIFY     MM       / Y Y Y Y     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 all your new primary work role details do not fit in the space provided.						
8.	Will your new work role be completed concurrently with your existing work role?	YES So to Section E NO						
		Provide the finishing date of your previous work role below, then go to the next question Date of completion						
9.	How many hours of psychological practice were completed in your previous	Number of hours SPECIFY						
	work role?							

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## **SECTION E:** Authorisation

Registrar's authorisation - To be completed and signed by the registrar

#### Name of applicant

Signature of applicant

# Date

#### Supervisor's authorisation – To be completed and signed by the supervisor

#### Name of supervisor

Signature of supervisor

# Date

## **SECTION F:** Checklist

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

Additional documentation						
Question 1	Evidence of a change of name	$\times$				
Question 7	Position description /statement of duties for the new work role	$\times$				
Question 7	A separate sheet with additional details about the new work role	$\times$				

Do not email this form.

Please submit this completed form and supporting evidence using the Online Upload Service at **www.ahpra.gov.au/registration/online-upload**. You may contact Ahpra on 1300 419 495

## **Information and definitions**

#### **CERTIFYING DOCUMENTS**

#### DO NOT send original documents.

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,
- for documents containing a photograph, the following certification statement must be included by the authorised officer, 'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me', along with their signature, 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 via the Online Upload Service at www.ahpra.gov.au/registration/online-upload. 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.