



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

Profession: Psychology

the Health Practitioner Regulation National Law (the National Law)

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](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: 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.





6. What is your mailing address?

My residential address

Other (Provide your mailing address below)

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: Change in primary work role**

7. What are the details of the new primary work role?

For more information, see *Certifying documents* in the *Information and definitions* section of this form.

**Primary work role details**

**Position title**

\_\_\_\_\_

**Employer**

\_\_\_\_\_

**Address** (e.g. 123 JAMES AVENUE; or UNIT 1A, 30 JAMES STREET)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hours per week** **Start date**

/   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  Go 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 work role?

**Number of hours**



## SECTION E: Authorisation

### Registrar's authorisation – *To be completed and signed by the registrar*

Name of applicant <input type="text"/>	Signature of applicant 
Date DD / MM / YYYY <input type="text"/>	

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

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

## SECTION F: Checklist

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

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 7</b>	Position description /statement of duties for the new work role	<input type="checkbox"/>
<b>Question 7</b>	A separate sheet with additional details about the new work role	<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 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