




Progress report for the registrar program

Profession: Psychology

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

This form is for reporting to the Psychology Board of Australia (the Board) on the progress of a psychologist completing a registrar program leading to endorsement in an approved area of practice. This form is not for provisional psychologists completing 4+2 or 5+1 internships. This report must be completed by the registrar psychologist and the supervising psychologist every six months from the beginning of the registrar program, and submitted to the Board. If progress reports are not submitted within 21 days of falling due, the Board may not recognise the period of supervised practice for the registrar program. If any practice or supervision hours do not meet minimum requirements, the Board may require the registrar program to be extended. You will receive email notification concerning the outcome to the Board's assessment of this report.




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

 If you are completing a registrar program for more than one area of practice, please complete a separate progress report for each area.


Area of practice

<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?

 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.

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



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?

i 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?

- My residential address
- My principal place of practice
- 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 (e.g. VIC, ACT)/**International province** **Postcode/ZIP**

_____ _____

Country (if other than Australia)

SECTION D: Supervisor details

8. 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

P S Y _____

Business hours phone _____ After hours phone _____

Email _____

SECTION E: Psychology practice details

9. What are the details of the psychology practice?

Position title

Employer

Hours per week



Position title

Employer

Hours per week

SECTION F: Reporting period

10. What are the dates of the reporting period?

Period of supervision
 / / to / /

11. How many weeks of psychology practice were completed?

Weeks

12. How many hours of psychology practice were completed in this period?

Hours

13. How many hours of supervision were completed?

Hours – individual **Hours – group**

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

Hours


15. Supervisor’s comments regarding progress towards attainment of each of the required core capabilities.
 Please indicate whether progress is satisfactory, and include a plan for remedial action if progress is unsatisfactory.



Component	Satisfactory		Comments
	YES	NO	
15.1 Knowledge of the discipline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
15.2 Ethical, legal and professional matters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
15.3 Psychological assessment and measurement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
15.4 Intervention strategies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>
15.5 Research and evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>



Component	Satisfactory		Comments
	YES	NO	
15.6 Communication and interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	
15.7 Working within a cross-cultural context	<input type="checkbox"/>	<input type="checkbox"/>	
15.8 Practice across lifespan	<input type="checkbox"/>	<input type="checkbox"/>	

 Attach a separate sheet if all the supervisor's comments do not fit in the space provided.

16. Registrar's comments regarding progress towards attainment of core capabilities:

Component	Satisfactory		Comments
	YES	NO	
16.1 Knowledge of the discipline	<input type="checkbox"/>	<input type="checkbox"/>	
16.2 Ethical, legal and professional matters	<input type="checkbox"/>	<input type="checkbox"/>	
16.3 Psychological assessment and measurement	<input type="checkbox"/>	<input type="checkbox"/>	
16.4 Intervention strategies	<input type="checkbox"/>	<input type="checkbox"/>	
16.5 Research and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	
16.6 Communication and interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	
16.7 Working within a cross-cultural context	<input type="checkbox"/>	<input type="checkbox"/>	



Component	Satisfactory		Comments
	YES	NO	
16.8 Practice across lifespan	<input type="checkbox"/>	<input type="checkbox"/>	

Attach a separate sheet if all the registrar's comments do not fit in the space provided.

SECTION G: Declaration and authorisation

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

Name of registrar <input style="width: 90%;" type="text"/> Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Signature of registrar <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div>
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Name of supervisor <input style="width: 90%;" type="text"/> Date: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	Signature of supervisor <div style="border: 1px solid #ccc; padding: 10px; text-align: center;"> SIGN HERE </div>
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SECTION H: Checklist

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

Additional documentation	Attached
Question 2 Evidence of a change of name	<input type="checkbox"/>
Question 15 A separate sheet with additional comments from the supervisor	<input type="checkbox"/>
Question 16 A separate sheet with additional comments from the registrar	<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
- 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

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