



# Application for working in addition to university placements for provisional psychologists

## Profession: Psychology

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

This form is for provisional psychologists who are enrolled in an accredited higher degree undertaking either the higher degree or the 5+1 pathway who are seeking approval to work in psychology roles that do not contribute to the requirements of that degree.

Do not use this form to seek approval for a placement or work role that is intended to meet the requirements for provisional registration i.e. a placement that is part of an accredited degree, or a placement undertaken in the internship year (+1) of the 5+1 pathway.

You must read the Board's *Policy on working in addition to placements* before completing this application.

A separate application form needs to be submitted for each proposed work role.

Provisional psychologists may not begin work in the proposed role until written approval is given by the Psychology Board of Australia (the Board).

When working in the proposed role, supervision must be provided by a Board-approved supervisor. **Part B of this form must be completed by the supervisor.**

The supervision **must** be provided:

- regularly (usually at least one hour per week)
- at a minimum rate of one hour of supervision per 17.5 hours worked
- at least 66% of supervision must be individual and no more than 33% of supervision can be small group supervision, and
- the supervisor must directly observe (in person or by video) at least two client sessions in every six months time frame.

A record of supervision must be kept and made available to the Board on request. Applications for Board approval as a supervisor are available on the Board's website. There is **no fee** for this application.



Provisional psychologists must not practise unless professional indemnity insurance arrangements are in force in accordance with the Board's *Professional indemnity insurance arrangements registration standard*. Registration standards, codes and guidelines can be found at [www.psychologyboard.gov.au](http://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](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.

**PART A – To be completed by the applicant****SECTION A: Personal details**

The information items in this application marked with an asterisk (\*) will appear on the public register.

**1. What is your name and date of birth?**

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  /  /



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 Ahpra registration number?**

Registration number\*

**3. What are the details of your accredited higher degree?**

Higher degree details

Title of course

Name of education provider



Attach evidence from university of current enrolment.

**SECTION B: 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



## SECTION C: Application criteria

### 5. What are the details of the proposed work role relating to this application?

**i** Principal place of practice (PPP) for a registered health practitioner is:

- the address at which you will predominantly practise the profession (for higher degree students this may be the address of your university or college); 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.

You can check what your current PPP is via the Health practitioner login at [www.ahpra.gov.au/Login.aspx#loginFld](http://www.ahpra.gov.au/Login.aspx#loginFld) and you can update your PPP yourself at any time.

#### Proposed work role

Position title

Employer

Hours per week

#### Practice address

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\*

If this application is approved, do you want to update your principal place of practice (PPP) to this address?

YES

NO



You **must** attach the position description for the proposed role to this application. It must be signed and verified by the supervisor, manager or employer.

## SECTION D: Professional indemnity insurance

### 6. Do you commit to have appropriate professional indemnity insurance arrangements in place for all practice undertaken during the registration period, including the proposed work role?



Before commencing practice you must confirm with your employer that your practice will be covered by PII arrangements that meet the Board's requirements. If your employer does not provide cover that meets the Board's registration standard you must take out additional cover to ensure you meet standard.

For more information, see *Professional indemnity insurance* in the *Information and definitions* section

YES

NO



You are not eligible for approval.



## SECTION E: Obligations and consent



**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.

### Obligations of registered health practitioners

The National Law pt 7 div 11 sub-div 3 establishes the legislative obligations of registered health practitioners. A contravention of these obligations, as detailed at points 1, 2, 4, 5, 6 or 8 below does not constitute an offence but may constitute behaviour for which health, conduct or performance action may be taken by the Board. Registered health practitioners are also obligated to meet the requirements of their Board as established in registration standards, codes and guidelines.

#### Professional indemnity insurance arrangements

1. A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.
2. A National Board may, at any time by written notice, require a registered health practitioner registered by the Board to give the Board evidence of the appropriate professional indemnity insurance arrangements that are in force in relation to the practitioner's practice of the profession.
3. A registered health practitioner must not, without reasonable excuse, fail to comply with a written notice given to the practitioner under point 3 above.

#### Notice of certain events

4. A registered health practitioner must, within 7 days after becoming aware that a relevant event has occurred in relation to the practitioner, give the National Board that registered the practitioner written notice of the event. *Relevant event* means—
  - a) the practitioner is charged, whether in a participating jurisdiction or elsewhere, with an offence punishable by 12 months imprisonment or more; or
  - b) the practitioner is convicted of or the subject of a finding of guilt for an offence, whether in a participating jurisdiction or elsewhere, punishable by imprisonment; or
  - c) appropriate professional indemnity insurance arrangements are no longer in place in relation to the practitioner's practice of the profession; or
  - d) the practitioner's right to practise at a hospital or another facility at which health services are provided is withdrawn or restricted because of the practitioner's conduct, professional performance or health; or
  - e) the practitioner's billing privileges are withdrawn or restricted under the *Human Services (Medicare) Act 1973* (Cth) because of the practitioner's conduct, professional performance or health; or
  - f) the practitioner's authority under a law of a State or Territory to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines is cancelled or restricted; or
  - g) a complaint is made about the practitioner to the following entities—
    - (i) the chief executive officer under the *Human Services (Medicare) Act 1973* (Cth);
    - (ii) an entity performing functions under the *Health Insurance Act 1973* (Cth);
    - (iii) the Secretary within the meaning of the *National Health Act 1953* (Cth);
    - (iv) the Secretary to the Department in which the *Migration Act 1958* (Cth) is administered;
    - (v) another Commonwealth, State or Territory entity having functions relating to professional services provided by health practitioners or the regulation of health practitioners.
  - h) the practitioner's registration under the law of another country that provides for the registration of health practitioners is suspended or cancelled or made subject to a condition or another restriction.

#### Change in principal place of practice, address or name

5. A registered health practitioner must, within 30 days of any of the following changes happening, give the National Board that registered the practitioner written notice of the change and any evidence providing proof of the change required by the Board—
  - a) a change in the practitioner's principal place of practice;
  - b) a change in the address provided by the registered health practitioner as the address the Board should use in corresponding with the practitioner;
  - c) a change in the practitioner's name.

#### Employer's details

6. A National Board may, at any time by written notice given to a health practitioner registered by the Board, ask the practitioner to give the Board the following information—
  - a) information about whether the practitioner is employed by another entity;
  - b) if the practitioner is employed by another entity—
    - (i) the name of the practitioner's employer; and
    - (ii) the address and other contact details of the practitioner's employer.
7. The registered health practitioner must not, without reasonable excuse, fail to comply with the notice.

### Consent to nationally coordinated criminal history check

I authorise Ahpra and the Board to carry out a nationally coordinated criminal history check for the purpose of assessing this application.

I acknowledge that:

- 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 Board,
- my personal information will be extracted from this form and 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 to allow for any subsequent criminal history checks during my period of registration
- if and when this application for registration is granted, Ahpra may check my criminal history at any time during my period of registration as required by the Board for the purpose of assessing my suitability to hold health practitioner registration; or in response to a Notice of Certain Events; or an application for Removal of Reprimand from the National Register,
- I may dispute the result of the nationally coordinated criminal history check by contacting Ahpra in the first instance.

### Consent

I consent to the Board and Ahpra making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application 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 and registration (if granted) will be sent electronically to me via my nominated email address, and
- 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 all relevant legislation and Board registration standards, codes and guidelines.

I confirm that I have read the privacy and confidentiality statement for this form.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

I am aware that personal information that I provide may be given to a third party for regulatory purposes, consistent with the National Law.

I understand that if this application is approved, the approval only applies for as long as I continue to hold provisional registration for the higher degree or 5+1 internship pathway or until I obtain general registration as a psychologist. If my provisional registration lapses or is suspended or cancelled for any reason I will cease working in the additional work role immediately.

Signature of applicant

 SIGN HERE

Name of applicant

Date

/  /



**PART B – To be completed by the supervisor**

**SECTION F: Supervisor's details**

7. Are you a Board-approved supervisor for higher degree students working in addition to placements?



You can review the supervisor categories you are approved for with the online search for a supervisor at [www.psychologyboard.gov.au/Registration/Supervision/Search](http://www.psychologyboard.gov.au/Registration/Supervision/Search)

YES

NO

8. What is your name, registration details and contact details?



Supervision reports must be submitted every six months.

**Provide supervisor details below**

MR  MRS  MISS  MS  DR  OTHER

Family (legal) name of supervisor

First given name

Registration number

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

Business phone

Mobile

Email



If the applicant has more than one supervisor, please attach additional supervisors details to this application.



9. Will you usually be available on site at the provisional psychologist's practice location to provide support and guidance as required?

YES  Go to Section G

NO

**Details required below – then go to the next question**

**Details of supervisor available on site**

MR  MRS  MISS  MS  DR  OTHER

Family (legal) name of supervisor

First given name

Position

**The available supervisor is (mark applicable)**

A registered psychologist

Another registered practitioner

Another suitable person *(please specify)*

10. Will you be available via phone or email to provide support and guidance to the provisional psychologist in relation to this work role if required outside scheduled supervision sessions?

YES

NO

**SECTION G: Supervisor's consent**

I declare that I:

- have read the Board's *Policy on working in addition to placements* and agree to the requirements
- am a Board-approved supervisor
- will ensure that at least 66% of supervision will be individual
- will directly observe (in person or by video) at least two client sessions every six months
- will submit a supervision report to AHRPA (form PPSR-76) by the due date every six months
- accept the responsibilities of a supervisor set out in the Board's registration standards and in the *Code of ethics*.

Name of proposed supervisor

Date  /  /

Signature of proposed supervisor

15. Does the applicant have more than one supervisor?

YES

NO

If the applicant has more than one supervisor, please attach additional copies of this declaration for each additional supervisor. Copies **must** be signed by each additional supervisor.

**PART C – To be completed by the applicant****SECTION H: 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 4</b>	Evidence from university of current enrolment	<input type="checkbox"/>
<b>Question 9</b>	Position description for the proposed role	<input type="checkbox"/>
<b>Question 16</b>	Additional supervisors details	<input type="checkbox"/>
<b>Question 17</b>	Additional supervisor declarations	<input type="checkbox"/>

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](http://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

**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.

**IMPAIRMENT**

**Impairment** means a physical or mental impairment, disability, condition, or disorder (including substance abuse or dependence) that **detrimentally affects or is likely to detrimentally affect your capacity to practise the profession.**

The National Law requires you to declare any impairments at the time of application. If you have an impairment, you will need to provide details of the impairment and how it is managed.

**PRACTICE**

Practice means any role, whether remunerated or not, in which you use your skills and knowledge as a health practitioner in your profession. Practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

**PROFESSIONAL INDEMNITY INSURANCE (PII)**

You must have PII, or some alternative form of indemnity cover that complies with the Board's registration standard, for all aspects of your practice, in all locations in Australia. Initial registration and annual renewal of registration requires a declaration that you will be covered for all aspects of practice for the whole period of the registration. You may be covered by your Australian employer's PII—you will need to confirm this with your employer.

For more information, view the complete registration standard online at [www.psychologyboard.gov.au/Standards-and-Guidelines](http://www.psychologyboard.gov.au/Standards-and-Guidelines)