



Application to maintain Board-approved supervisor status

Profession: Psychology

The Health Practitioner Regulation National Law (the National Law)

This form is for psychologists who:

- are currently a Board-approved supervisor (BAS)
- · have completed Board-approved refresher training, and
- wish to apply to maintain their BAS status for another five years.

If you are seeking BAS status for the first time or seeking reinstatement of BAS status (e.g. after it lapsed or was revoked), you must use a different form: *Application to act as a Board-approved supervisor – ABAS-76*.



This application will not be considered unless it is complete and all supporting documentation has been provided. You must attach a copy of your refresher training certificate of completion from a Board-approved training provider (original/certified copy not required).

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.



Attentior

Highlights important information about the form.



Attach document(s) to this form

Processing cannot occur until all required documents are received.

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.



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

1. What is your name and date of birth?

| Title* | MR 🔛 | MRS 🔣 | MISS 🔀 | MS 🔀 | DR 🔣 | OTHER | SPECIF | Υ | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|------|------|-------|--------|---|--|
| Family | name* | | | | | | | | |
| First g | iven name* | | | | | | | | |
| | | | | | | | | | |
| Middle | name(s)* | | | | | | | | |
| | | | | | | | | | |
| Previo | us names ki | nown by (e.g | . maiden nam | ne) | | | | | |
| | | | | | | | | | |
| Date o | f birth D | D / M | M / Y | YYY | | | | | |
| | 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 <i>Change of name</i> in the <i>Information and definitions</i> section of this form. | | | | | | | | |

2. What is your registration number?

| Registra | trati | ion n | umbe | er | | | | |
|----------|-------|-------|------|----|--|--|--|--|
| PS | S ' | Υ | | | | | | |

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SECTION B: Contact information



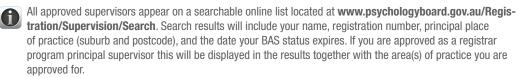
You can change your contact information at any time.

Please go to www.ahpra.gov.au/login to change your contact details using your online account.

3. What are your contact details?

| Provide your current contact d | letails below – place an 🗶 | next to your preferred contact phone nu | mber. |
|--------------------------------|----------------------------|-----------------------------------------|----------|
| Business hours | | Mobile | |
| | \boxtimes | | \times |
| After hours | | | |
| | | | |
| Email | | | |
| | | | |

Do you give permission for individuals seeking a supervisor to contact you by email via Search for a supervisor on the **Board's website?**



Users of the list can send you a message and their contact details using an Ahpra-hosted online form. This means that your email address is not provided to anyone unless you choose to provide it when responding to someone's message.

YES



Provide your supervisor email address below

If your supervisor email address is the same as that provided in question 3, please write 'As above'.

NO

SECTION C: Eligibility

5. Have any conditions or restrictions been placed on your registration as a psychologist in Australia or overseas that relate to your provision of supervision as a result of a notification, complaint, or disciplinary matter?



This includes conditions or restrictions that relate to, affect, or are likely to affect the capacity or ability to provide supervision. If you wish to apply to have conditions removed or varied, you must make a separate application for review of conditions using the form Application for review of conditions or undertakings by a psychologist – ARCD-76 available at www.psychologyboard.gov.au/Registration/Forms under 'Other forms'.

YES







Provide details below



Attach a separate sheet if all your restriction details do not fit in the space provided.

6. Do you wish to apply for, or maintain, approval as a registrar program principal supervisor?



To be a principal supervisor of a psychologist completing a registrar program you need to currently hold an endorsement in the relevant area of practice and need to have held this endorsement (or equivalent overseas registration, licensure, or endorsement, as assessed by the Board) for at least two years.

YES



N₀

| X | |
|---|--|
| | |

| Mark the area(s) of p | ractice that you | wish to super | vise registrars in |
|-----------------------|------------------|---------------|--------------------|
|-----------------------|------------------|---------------|--------------------|

| X | Clinical neuropsychology |
|---|--------------------------|
| | Clinical navahalasu |

| X | Health | psyc |
|---|--------|------|
| | | . , |

| Clinical psychology | X | Clinical | psychology |
|---------------------|---|----------|------------|
|---------------------|---|----------|------------|

| X | Healt | n p | syc | 10100 | |
|---|-------|-----|-----|-------|--|
| | _ | | | | |

| | Cillical psychology |
|---|-------------------------|
| X | Community psychological |

| X | Organisational | psycholog |
|---|----------------|-----------|
| _ | | |

Forensic psychology

| \times | Community | psychology |
|----------|-------------|------------|
| X | Counselling | psychology |

| \times | Sport and | exercise | psychology |
|----------|-----------|----------|------------|
|----------|-----------|----------|------------|

| \times | Educational | and dev | elopment/ | al ps | ycholo | oq |
|----------|-------------|---------|-----------|-------|--------|----|
|----------|-------------|---------|-----------|-------|--------|----|

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| _ | | | | |
|----|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| 7. | Which Board-approved | Mark the approved training provider(s) you completed training with | | |
| | training provider did you complete refresher | ACT Supervision | Monash University | |
| | training with? | Amber Louise Howard | Murtupuni Centre for Rural & Remote Health & | |
| | The following Board- approved training programs | Annaleise Robertson Psychology | College of Healthcare Sciences, James Cook University (MCRRH-JCU) | |
| | meet refresher training | Australian College of Applied Psychology (ACAP) | ORS Group | |
| | requirements: • a master class | Australian Psychological Society (APS) | Sychology and Play Therapy Australia | |
| | part 2 of full training | Benchmark Psychology, Supervisor Training and Approval Program (STAP) | Psychology Supervisor Hub | |
| | part 1 & 2 of full trainingpart 2 & 3 of full training | Cairnmillar Institute | Reflective Supervision Team | |
| | all 3 parts of full training | Clinical Supervision Services (CSS) | Spencer Health | |
| | Completion of supervisor training programs can count toward your | Competency-Based Excellence in Supervisor Train- | STREAM Psychology | |
| | CPD requirements. | ing (C-BEST) | Swinburne University of Technology | |
| | | Deakin University | The Talbot Centre | |
| | | ■ La Trobe University | University of Melbourne | |
| | | Monash Health | UNSW Forensic Psychology Clinic | |
| | | | s) of completion for the course(s). Please note you nted copy of a certificate emailed to you by the | |

SECTION D: Self-declaration

I declare that I have read and understood the Guidelines for supervisors and the relevant guidelines for the type of supervision I intend to provide, and that I will:

- continue to demonstrate the supervisor competencies set out in the Guidelines for supervisors and the requisite skills and training to provide a high standard
 of supervision
- continue to meet my obligations as a supervisor and registered practitioner under the National Law, Code of ethics, Guidelines for mandatory reporting, and Guidelines for supervisors
- immediately tell my supervisee(s) if my Board-approved supervisor status has lapsed or was revoked, and inform them that any supervision I provide
 will not meet supervised practice requirements of internships, registrar programs, etc. and
- agree to continue to develop my skills as a supervisor on an ongoing basis by:
 - (a) completing a Board-approved supervisor training course (full training or master class) at least every five years
 - (b) including some professional supervision and/or peer consultation that focuses on my practice as a supervisor, and/or
 - (c) undertaking some professional development activities relevant to my supervision skills in my CPD at least every two years.

provider is sufficient.

I understand that BAS status can be revoked as outlined in the Board's Guidelines for supervisors.

| Name of applicant | Signature of applicant |
|---------------------|------------------------|
| Date / MM / Y Y Y Y | SIGN HERE |

Effective from: 18 September 2024

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SECTION E: Checklist

Have the following items been attached if required?

| Additional documentation | | Attached |
|--------------------------|-------------------------------------------------------------------------------------|----------|
| Question 1 | Evidence of a change of name | \times |
| Question 5 | A separate sheet with your additional restriction details | \times |
| Question 7 | A copy of the certificate(s) of completion for your Board-approved training program | \times |



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. Supporting documentation must be certified in accordance with the Ahpra guidelines. For more information, see www.ahpra.gov.au/Registration/ Registration-Process/Certifying-Documents.