



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If you are seeking BAS status for the first time or seeking reinstatement of BAS status (e.g. after it lapsed or was revoked), you must use a different form: *Application to act as a Board-approved supervisor – ABAS-76*.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

### 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

### 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 registration number?

Registration number



## SECTION B: Contact information



You can change your contact information at any time. Please go to [www.ahpra.gov.au](http://www.ahpra.gov.au) and

- download and complete the change of address form *CHDT-00 – Request for change of address details on the register*, or
- login to your Ahpra account to change your details online.

**3. 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**

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

All approved supervisors appear on a searchable online list located at [www.psychologyboard.gov.au/Registration/Supervision/Search](http://www.psychologyboard.gov.au/Registration/Supervision/Search). Search results will include your name, registration number, principal place of practice (suburb and postcode), and the date your BAS status expires. If you are approved as a registrar program principal supervisor this will be displayed in the results together with the area(s) of practice you are approved for.

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  NO

**Provide your supervisor email address below**  
 If your supervisor email address is the same as that provided in question 3, please write ‘As above’.

## 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](http://www.psychologyboard.gov.au/Registration/Forms) under ‘Other forms’.

YES  NO

**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  NO

**Mark the area(s) of practice that you wish to supervise registrars in**

<input checked="" type="checkbox"/> Clinical neuropsychology	<input checked="" type="checkbox"/> Forensic psychology
<input checked="" type="checkbox"/> Clinical psychology	<input checked="" type="checkbox"/> Health psychology
<input checked="" type="checkbox"/> Community psychology	<input checked="" type="checkbox"/> Organisational psychology
<input checked="" type="checkbox"/> Counselling psychology	<input checked="" type="checkbox"/> Sport and exercise psychology
<input checked="" type="checkbox"/> Educational and developmental psychology	



### 7. Which Board-approved training provider did you complete refresher training with?

**i** The following Board-approved training programs meet refresher training requirements:

- a master class
- part 2 of full training
- part 1 & 2 of full training
- part 2 & 3 of full training
- all 3 parts of full training

Completion of supervisor training programs can count toward your CPD requirements.

#### Mark the approved training provider(s) you completed training with

- |   |  |
|---|--|
| <input type="checkbox"/> the APS Institute  | <input type="checkbox"/> Monash University   |
| <input type="checkbox"/> Australian College of Applied Psychology (ACAP)                      | <input type="checkbox"/> Psychology inMind   |
| <input type="checkbox"/> the Cairnmillar Institute  | <input type="checkbox"/> the Reflective Supervision Team                                       |
| <input type="checkbox"/> Competency-Based Excellence in Supervisor Training (C-BEST)          | <input type="checkbox"/> STREAM Psychology   |
| <input type="checkbox"/> Clinical Supervision Services  | <input type="checkbox"/> Supervisor Training and Approval Program (STAP), Benchmark Psychology |
| <input type="checkbox"/> Communicare  | <input type="checkbox"/> University of Canberra & Australian National University               |
| <input type="checkbox"/> Deakin University  | <input type="checkbox"/> University of Melbourne   |
| <input type="checkbox"/> Centre for Rural and Remote Health, James Cook University (CRRH-JCU) | <input type="checkbox"/> Wentworth Forensic Clinic, University of NSW                          |



You **must** attach a copy of the certificate(s) of completion for the course(s). Please note you are not required to send the original. A printed copy of a certificate emailed to you by the provider is sufficient.

## 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.

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

<p>Name of applicant</p> <input style="width: 90%;" type="text"/> <p>Date</p> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/>	<p>Signature of applicant</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <span style="font-size: 2em; color: lightblue; font-weight: bold;">SIGN HERE</span> </div>
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## SECTION E: Checklist

Have the following items been attached if required?

<i>Additional documentation</i>		Attached
<b>Question 1</b>	Evidence of a change of name	<input type="checkbox"/>
<b>Question 5</b>	A separate sheet with your additional restriction details	<input type="checkbox"/>
<b>Question 7</b>	A copy of the certificate(s) of completion for your Board-approved training program	<input type="checkbox"/>

### Information and definitions

#### 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](http://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents).

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  
 Adelaide SA 5001

Canberra ACT 2601  
 Perth WA 6001

Melbourne VIC 3001  
 Hobart TAS 7001

Brisbane QLD 4001  
 Darwin NT 0801