



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 area of practice endorsement.

Provisional psychologists undertaking a 4+2 internship should submit progress reports using the form PPPR-76. Provisional psychologists undertaking a 5+1 internship should submit progress reports using the form PRFI-76.

The supervisor and registrar should review the registrar's progress against the competencies for the relevant area of practice frequently throughout the registrar program. See the Appendix of the *Guidelines on area of practice endorsements* for competencies for your area of practice, available at www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.

This progress report is to be completed by the registrar and the supervising psychologist and submitted to Ahpra:

- once the registrar has completed half of the psychological practice hours of their approved registrar program, and
- on completion of the requirements of the registrar program, along with form AECR-76.

Registrars who are completing multiple registrar programs at the same time for more than one area of practice need to complete a separate progress report for each registrar program.



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

Clinical neuropsychology

Forensic psychology

Health psychology

Clinical psychology

Organisational psychology

Community psychology

Counselling psychology

Sport and exercise psychology

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?

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.

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?



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?

i Your mailing address is used for postal correspondence.

- My residential address
- My principal place of practice
- Other (Provide your mailing address below)

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

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 for this progress report?

Period of psychological practice

/ / to / /

11. How many hours of psychological practice were completed in this reporting period?

Hours

12. How many hours of supervision were completed?

The frequency of supervision sessions can be flexible and varied throughout the registrar program as appropriate for the registrar, as long as the required total supervision hours are met when applying for endorsement. By the end of the registrar program, up to 33% of total supervision can be completed as group supervision. The remaining 66% must be completed as individual supervision.

Hours of individual supervision	Hours of group supervision
<input style="width: 100%; height: 20px;" type="text" value="SPECIFY"/>	<input style="width: 100%; height: 20px;" type="text" value="SPECIFY"/>



13. How many hours of supervision have been completed with your supervisor(s)?



By the end of the registrar program:

- at least 50% of the total supervision hours will have been completed with the principal supervisor who is endorsed in the relevant area of practice
- no more than 50% of the total supervision hours will be completed with a secondary supervisor who is endorsed in the relevant area of practice, and
- no more than 33% of the total supervision hours will be completed with a secondary supervisor who is **not endorsed** in the relevant area of practice.

Hours of supervision completed with the principal supervisor

Hours of supervision completed with a secondary supervisor endorsed in the relevant area of practice

Hours of supervision completed with a secondary supervisor endorsed in a different area of practice or who does not hold endorsement

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

Hours

15. Supervisor’s evaluation of the registrar’s progress towards attaining each of the competencies required for endorsement in the relevant area of practice.



This evaluation must be completed by the registrar’s supervisor. When the registrar has completed their registrar program, it is expected that the registrar will be competent in performing complex tasks without guidance or supervision in **all** competencies of the relevant area of practice. Refer to the competencies relevant to the registrar’s chosen area of practice outlined in the appendix of the *Guidelines on area of practice endorsement* available at www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies

For each competency listed below, tick one option that best applies to the registrar’s progress

Competencies	1. Basic knowledge and skills present, but competence insufficiently developed.	2. Competence for performing tasks but requiring guidance and supervision.	3. Competence for performing basic tasks without guidance or supervision.	4. Competence for performing complex tasks without guidance or supervision.
Knowledge of the discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical, legal and professional matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological assessment and measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication and interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with people from diverse groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practice across lifespan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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: 95%;" type="text"/> Date <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" 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: 95%;" type="text"/> Date: <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" 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?

<i>Additional documentation</i>	Attached
Question 2 Evidence of a change of name	<input checked="" 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.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

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