

APPLICATION FOR GENERAL REGISTRATION AS A PSYCHOLOGIST

Section 42, Psychologists Registration Act 2001



Psychologists Board of Queensland

**Please read the Accompanying Guidelines
before completing this form.**

**Complete Form and Return with Accompanying Documents
to address below.**



Mailing Address:

Psychologists Board of Queensland
GPO Box 2438
BRISBANE QLD 4001



Enquiries:

Telephone: (07) 3234 1164
Facsimile: (07) 3225 2527
Monday to Friday 9.00 am – 4.00 pm
Email: psychology@healthregboards.qld.gov.au
Website: www.psychologyboard.qld.gov.au



Location:

8th Floor, Forestry House
160 Mary Street
BRISBANE QLD 4000

***YOUR APPLICATION WILL NOT BE
PROCESSED WITHOUT ALL THE
REQUIRED DOCUMENTATION,
THE APPLICATION FEE AND THE
REGISTRATION FEE.***

ABN: 64 164 600 466

APPLICATION DETAILS - Please ✓ Appropriate Box and Print Complete Information Requested as per Accompanying Guidelines. **ALL SECTIONS OF THIS FORM MUST BE COMPLETED.**

TITLE: (circle preferred title) MR MRS MS MISS DR OTHER _____ (please specify)		
FAMILY NAME _____		
GIVEN NAME/S (in full) _____		
PREVIOUS NAME(S) (if applicable) _____		
LANGUAGES SPOKEN (other than English) _____		
Date of Birth _____	Place of Birth _____ Country of Birth _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
REGISTRATION/POSTAL ADDRESS (For Inclusion in Public Register) All Changes must be notified to the Board _____ _____ _____ Postcode _____ Is this your residential address? YES <input type="checkbox"/> NO <input type="checkbox"/> If "Yes" do you agree that it be available for inspection on the Register? YES <input type="checkbox"/> NO <input type="checkbox"/> If you do not tick any of these boxes, and the address above is not a P.O. Box, an address will NOT appear against your name in the register.	PROFESSIONAL / BUSINESS ADDRESS (if different from Registration address) _____ _____ _____ _____ Postcode _____	RESIDENTIAL ADDRESS (if different from Registration address) _____ _____ _____ _____ Postcode _____
CONTACT PHONE NUMBERS: Day _____ After Hours _____ Mobile _____		
EMAIL ADDRESS: _____		
QUALIFICATIONS ON WHICH APPLICATION IS BASED: (earliest qualification first)		
Degree /Diploma /Examination and/or Assessment Certificate _____ _____ _____	University/College/Examining Body _____ _____ _____	Year Conferred _____ _____ _____
ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR GENERAL REGISTRATION AS A PSYCHOLOGIST (if insufficient space set out on separate page)		

REGISTRATION: (if not previously registered, write NA)

1. State/Territory/Country where first registered as a **Psychologist** _____ and year _____

2. Do you hold registration that gives you legal authority to currently practise as a **Psychologist** elsewhere?

YES NO

If Yes, give the State/Territory/Country _____

3. Have you ever been registered as a **health practitioner*** in another State or Territory of Australia or another country?

YES NO

If yes, give State/Territory/Country and indicate profession _____

4. Have you ever been registered as a **health practitioner*** in Queensland?

*see definition on page 4

YES NO

If yes, give profession and year registered _____

RELEVANT PRACTICAL EXPERIENCE IN THE PROFESSION

Have you gained 'relevant practical experience in the profession'¹ since completing a qualification for registration?

YES NO

In answering this question please refer carefully to the definition of 'relevant practical experience in the profession' provided below. Note also that applicants for general registration with probationary conditions, (for example, applicants who have recently completed an approved qualification for registration), **will not have obtained 'relevant practical experience in the profession'** since completing an approved qualification for registration and should answer NO to this question.

If you answered **NO** above, please attach a Supervision Proposal.
(Refer to Explanatory Notes and Registration Kit for more information).

If you answered **YES** above, please attach further information providing details of your practice of the profession.
(Refer to Explanatory Notes).

¹'**Relevant practical experienced in the profession'** is experience in the practise of the profession that is substantially equivalent to the nature and extent of practise of the profession provided under the Board's 'supervised practice program'. The 'supervised practice program' provides a minimum two year period of supervised experience in the practise of the profession for applicants granted general registration with probationary conditions. The requirements of the supervised practice program may be met by the completion of either two years supervised professional psychological practice, or a minimum two year approved tertiary coursework postgraduate program in psychology. Refer to Registration Kit for more information.

Note: In deciding whether an applicant has relevant practical experience in the profession, the Board may have regard **only** to practice undertaken or additional qualifications gained **after** completing the approved qualification for registration.

REFEREES: Give name, address, occupation and telephone number of two persons practising in the profession of psychology who have known you for at least the past twelve months, (relatives excluded).

Name _____ Name _____

Address _____ Address _____

Position _____ Position _____

Telephone _____ Postcode _____ Telephone _____ Postcode _____

FITNESS TO PRACTISE:

- 1. Do you suffer from any ongoing medical - mental or physical - condition (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise Psychology? Yes No

- 2. Do you have a criminal history?
(see accompanying Explanatory Notes for an explanation of ‘criminal history’). Yes No

- 3. Have you been registered under the *Psychologists Registration Act 2001* or the *Psychologists Act 1977* (repealed), **or** have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or another country, **and** the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way? Yes No

- 4. Has your registration as a **health practitioner** ever been cancelled or is your registration currently suspended as a result of disciplinary action in any Australian State or Territory or in another country? Yes No

- 5. Have you ever been refused registration as a **health practitioner** in any Australian State or Territory, or in another country? Yes No

- 6. Do you have a reasonable command of the English language? Yes No

Note:

- In relation to question 6, the Board may require applicants from non-English speaking backgrounds to undertake the International English Language Testing System (IELTS) English Test. Further information is available in the Board’s *English Language Proficiency Policy* available from the Board’s office and on the Board’s website.
- Apart from question 6, if you answer “Yes” to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- The term ‘**health practitioner**’ includes any registered provider of services directed at maintaining, improving or restoring people’s health and wellbeing.
- The Board may enquire with relevant authorities regarding an applicant’s criminal history.

I consent to the Psychologists Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories, or other countries, regarding my practise as a health practitioner or otherwise regarding matters relevant to this application.

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bear my signature and are a recent likeness as certified on the back by

.....

I also undertake to comply with all relevant legislation, codes of practice, and Psychologists Board of Queensland policies.

.....
Printed Name of Applicant

.....
Signature of Applicant

.....
Printed Name of Witness

.....
Signature of Witness

Date: day of20.....

ITEMS TO BE ATTACHED WITH THIS APPLICATION

[All photocopies must be certified as true copies by a Justice of the Peace, a Commissioner for Declarations, or a Notary.]

- **APPLICATION AND REGISTRATION FEES** **THIS IS A TAX INVOICE**
 - The fees due with this application are GST exempt and are set out in the accompanying Registration Kit.
 - Please note: Fees due with this application only cover registration until 30 June (the end of the registration year). [Renewal of registration beyond 30 June is subject to you applying between 1 May and 30 June each year for registration renewal and paying the associated annual registration fee.]
- **PROOF OF IDENTITY:**
 - certified copy of one of: driver's licence; passport; or other official identification document which includes a photograph
 - documentary evidence of any change of name (if applicable): certified copy of marriage certificate / decree nisi / deed poll or other document evidencing change of name OR statutory declaration for any name changes.
- **TWO RECENT PASSPORT-TYPE PHOTOGRAPHS**
Signed on the back by the applicant and certified on the back as a true likeness of the applicant by a Justice of the Peace, Commissioner for Declarations, or a Notary.
- **PROOF OF QUALIFICATIONS:**
(Please refer to accompanying Explanatory Notes for more information.)
 - certified copy of the degree/diploma certificate conferred for each qualification on which your application is based
 - **TRANSLATIONS** (where applicable) - English translation of any documents must be by a certified translator.
- **PROOF OF REGISTRATION STATUS ELSEWHERE**
(Only applicable if you hold legal authority to currently practise elsewhere.)
 - certified copy of current annual practising certificate from registration body elsewhere

ADDITIONAL DOCUMENTATION REQUIRED

- If you are currently, or were recently, registered elsewhere, a Certificate of Good Standing must be provided directly to the Board from each registration body with whom you hold or recently held registration. It is your responsibility to arrange for the Certificate/s of Good Standing to be forwarded directly from the registration body to the Board. The date of issue of a Certificate of Good Standing must not pre-date your application by more than 3 months.
- As proof of qualifications, the Board also requires that an original Academic Transcript, for each qualification on which your application is based, be sent directly to the Board from the relevant tertiary institution/s. Please apply directly to your tertiary institution/s requesting that this documentation be sent to the Board.

~~~~DO NOT DETACH~~~~

### Credit Card Payments

To assist with processing please include a daytime telephone number: \_\_\_\_\_

For this payment to be accepted you must complete all sections below. **DO NOT DETACH**

VISA

MASTERCARD

BANKCARD

CARD NUMBER \_\_\_\_\_

EXPIRY DATE

CARD HOLDER'S NAME

(print)

CARD HOLDER'S SIGNATURE

AMOUNT \$

### PRIVACY STATEMENT

The Psychologists Board of Queensland respects your privacy. The Psychologists Board is collecting the information on this form in order to register you as a Psychologist and carry out other functions relevant to the administration of the *Psychologists Registration Act 2001*.

Your name, registration address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection, (with the exception that your residential address will only be available if you have given notice to the Board that you agree to your residential address being available for inspection on the Register).