

# NSW PSYCHOLOGISTS REGISTRATION BOARD

tel: (02) 9219 0211  
fax: (02) 9211 9318  
psychreg@hprb.health.nsw.gov.au

PO Box K599  
Haymarket NSW 1238  
www.psychreg.health.nsw.gov.au

## FORM A3 APPLICATION FOR FULL REGISTRATION AS A PSYCHOLOGIST

### FOR EXISTING NSW PROVISIONALLY REGISTERED PSYCHOLOGIST ON COMPLETION OF NSW SUPERVISION PLAN OR HIGHER DEGREE

UNDER 2006 GUIDELINES

PSYCHOLOGISTS ACT 2001, SECTION 8

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

I wish to apply for registration as a psychologist in the State of New South Wales and I provide the following information in support of my application.

Surname: \_\_\_\_\_ (nee \_\_\_\_\_ )  
if applicable

Given names: \_\_\_\_\_ Title: Dr, Mr, Mrs, Ms, Miss

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Provisional Registration Number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **I provide the following documentation and information in support of my application:**

- Registration Fee of \$100 payable to the Board by Cheque/Money Order/Credit Card.  
If you wish to pay your \$100 fee by credit card please complete the attached slip.
- Documents associated with either:
  - i) Supervision plan
    - Summary of completed supervision hours signed and dated by supervisor/s
    - Forms R2, R3 and Certificates 1 to 5. These documents should be attached to this application form and will be retained by the Board. **Please do not bind application form, Forms R2, R3 or Certificates 1 to 5.**
    - Supervision logbook (Form R1), which will be returned to you after your application has been considered.
  - OR
  - ii) Further studies
    - Letter from Head of School confirming satisfactory completion of course work and placements of a higher degree in psychology.
- Completed statutory declaration form.

## STATUTORY DECLARATION

This declaration must be signed before a Justice of the Peace, Solicitor or Magistrate who has explained to the applicant the implication of the Oaths Act 1900.

I, \_\_\_\_\_  
(name of applicant)

of \_\_\_\_\_  
(address of applicant)

in the state of New South Wales do solemnly and sincerely declare that:

- (i) I have not been convicted of a misdemeanour, felony, crime or any offence (including certain offences under the Traffic Act specified on the attached sheet) in New South Wales or elsewhere.
- (ii) I am not, nor have I been, the subject of a complaint of lack of good character, professional misconduct or any other matter.
- (iii) I have not been refused registration, certification or licensing as a health care professional for any reason in another state or territory.
- (iv) I have not been the subject of any adverse finding relating to the my conduct as a health care professional or to my character by a court, Royal Commission, special commission of inquiry, the Independent Commission Against Corruption or any other statutory investigator body.
- (v) I have not been named as a defendant in any court action for negligence or other malpractice in the provision of services as a health care professional.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

Taken and declared at \_\_\_\_\_ )  
in the said State/Territory, this \_\_\_\_\_ )  
day of \_\_\_\_/\_\_\_\_/20\_\_\_\_ before me. )  
Signature of Applicant

\_\_\_\_\_  
Magistrate/Solicitor/Justice of the Peace

If for any reason you are unable to complete this Statutory Declaration you may contact the Registrar of the Board stating your reasons and requesting that the Board consider your application.

**SUMMARY OF COMPLETED SUPERVISION HOURS  
UNDER NEW SOUTH WALES SUPERVISION PLAN**

\_\_\_\_\_ has met the conditions for registration as a  
 Name of intern/trainee psychologist  
 psychologist, in the period \_\_\_\_/\_\_\_\_/\_\_\_\_ (commencement date of supervision)  
 to \_\_\_\_/\_\_\_\_/\_\_\_\_ (completion date of supervision).

<b>INDIVIDUAL</b> supervision from Principal Supervisor		Min 48 hours
<b>INDIVIDUAL</b> supervision from Secondary Supervisor/s (S.S.) No minimum requirement Maximum 60 over 2 years Maximum 20 with each S.S. ( )		Max 60 hours
<b>GROUP</b> supervision from above or other accredited supervisors (if applicable)		Max 40 hours
<b>WORKSHOPS</b> Intended hours of workshop attendance		Min 30 hours Max 60 hours
<b>TOTAL SUPERVISION HOURS</b> Minimum 2 hours per fortnight <b>Minimum 100 hours over 2 years (25 per 6 months)</b> Increase minimum up to 130 depending upon hours of workshop attendance		

Details of supervision and workshop hours are reported on Form R3

I, \_\_\_\_\_ am recommending the above intern  
 Print name of Principal Supervisor  
**psychologist for full registration.**

Signature of Principal Supervisor \_\_\_\_\_

Registration number \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## INFORMATION SHEET

### CONVICTION OF OFFENCES UNDER THE TRAFFIC ACT

With reference to convictions for offences in the application form, applicants not required to disclose offences relating to the parking of motor vehicles or offences under the road transport legislation except for the following offences

- (a) an offence under section 42 of the *Road Transport (Safety and Traffic Management) Act 1999* relating to driving a motor vehicle upon a public street furiously or recklessly or at a speed or in a manner which is dangerous to the public,
- (b) an offence under section 42 of the *Road Transport (Safety and Traffic Management) Act 1999* relating to driving a motor vehicle upon a public street negligently if the applicant is, by way of penalty, sentenced to imprisonment or fined a sum of not less than \$200,
- (c) any offence under section 19 (2) of the *Road Transport (General) Act 1999* (which relates to refusing to produce a driver's licence when required or to state name and home address, or stating a false name and home address),
- (d) any offence under section 12 (1) of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to driving etc while under the influences of alcohol or any other drug),
- (e) any offence under section 25A (1), (2) or (3) of the *Road Transport (Driver Licensing) Act 1998* (which relates to driving while unlicensed),
- (f) any offence under section 70 of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to failing to stop after an accident),
- (g) any offence under section 9 of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to presence of prescribed concentration of alcohol in person's blood),
- (h) any offence under section 43 of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to menacing driving),
- (i) any other offence under the road transport legislation if the court orders the disqualification of the applicant from holding a driver's licence.

## CREDIT CARD PAYMENTS

Should you wish to pay your \$100 fee by credit card please complete below:

**Only the following cards are accepted**

MasterCard       Visa

Card Number: \_\_\_\_\_ Amount of **\$100**

Card expiry date: \_\_\_\_ / \_\_\_\_

Card holders signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

You must return this completed form as credit card payments will not be accepted by telephone or facsimile.