

FORM 2

Psychologists Act 2005

APPLICATION FOR REGISTRATION

I, _____
(Title) Given Name(s) Family Name

hereby apply to The Psychologists Board of Western Australia to have my name entered on the Register kept under the Psychologists Act 2005 and provide the following details in support of my application:

Professional/Public Address (this information will be available to the public and will be displayed on the Board's website)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Tel: _____ Fax: _____ Mobile: _____

E-mail: _____

Private Address (this address is for the Board's use only and is not available to the public)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Tel: _____ Fax: _____ Mobile: _____

E-mail: _____

You must notify the Board in writing of any change to your name and address details within 30 days of the change (Penalty \$1,000)

I have obtained the following academic qualifications:
(Please provide the original(s) or certified copy(ies) of the degree certificate(s) and academic transcript(s))

Name of Institution	Degrees, Diplomas, Other Qualifications	Month & Year Conferred (or to be conferred)

Please note that in accordance with Section 43 of the Psychologists Act 2005 if a qualification that has enabled you to be registered is withdrawn by the body that conferred the qualification, you must advise the Board within 90 days of the withdrawal. (Penalty \$1,000)

Other Details

Date of Birth: _____ Gender: Male Female

Nationality: _____ Country of Birth: _____

Evidence of Identification

Please enclose:

- The **original** or a **certified copy** of your driver's licence or passport
- A passport size photograph of yourself

English Competency

It is a requirement of registration that a registered psychologist has adequate knowledge of the English language both written and oral.

Do you have sufficient command of the English language (both written and oral)?

Yes No

Applicants for registration for whom English is not the first or native language need to submit evidence to the Board of competency in both oral and written communication in English in accordance with the Board's policy on English language proficiency.

Good Character

I enclose:

- Two completed character references **on Form 10** from Australian residents of professional standing (not a friend or relative) who have known me for at least 2 years and dated within the last six months.
- A current Police Clearance Report dated within one month of this application

Have you been registered in any other State, Territory or country as a psychologist?

Yes No

If the answer to the above is "YES" please provide a Certificate of Good Standing from every registration authority where you have been registered as a psychologist.

Have you previously applied for and been refused registration, certification or licensing as a psychologist for any reason in another state, territory or country?

Yes No

Have you been convicted of a criminal offence in any State, Territory or Country?

Yes No

Have you ever been the subject of any disciplinary inquiry or action by any authority legally constituted to discipline psychologists?

Yes No

Has your right to practise psychology in another State or Territory or another country been suspended or cancelled and not restored as a result of any proceeding into your professional conduct?

Yes No

Are you suffering from any physical or mental impairment, disability, condition or disorder that is likely to impact upon your physical or mental capacity to practice psychology?

Yes No

(Such impairment may include, but is not limited to, mental illness, neurological damage or deterioration, deleterious effect of alcohol or drugs.)

If the answer to any of the above is "YES" please provide further information for the Board's consideration

Recency of Practice

Have you practised as a psychologist within the 5 years immediately preceding this application for registration?

Yes No

If the answer to the above is "YES" please provide details of your employment history including the nature of the work undertaken

Professional Indemnity Insurance

It is a requirement of registration that a registered psychologist must hold professional indemnity insurance. The services provided by you must be covered by professional indemnity insurance; or you are specified or referred to in professional indemnity insurance as someone to whom the professional indemnity insurance extends even though you are not a party to the professional indemnity insurance.

Do you hold professional indemnity insurance in accordance with the Board's guidelines on professional indemnity insurance?

Yes No

If the answer to the above is "YES", please provide a certified copy of the Certificate of Currency from your insurance company or a Confirmation of Cover from your insurance broker.

If the answer to the above is "NO", you will be required to arrange professional indemnity insurance within 30 days of registration and provide either a Certificate of Currency from your insurance company or a Confirmation of Cover from your insurance broker

PLEASE NOTE:

If you are covered by your employer's professional indemnity insurance, you must provide evidence that the cover meets the minimum requirements, as outlined in the Board's guidelines on professional indemnity insurance.

Registration Fee

I enclose the appropriate application fee and annual registration fee.

(Cheques or money orders should be made payable to the Psychologists Board of Western Australia.

Overseas cheques and bank drafts must be in Australian dollars.)

Credit card payments: Visacard MasterCard **(Please indicate)**

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Card Number

Expiry Date: _____ / _____

AND I DO solemnly and sincerely declare that:

- *(i) I am the person named in the documents now submitted by me and set out in this application;
- *(ii) I have not been at any time deprived by the body which granted the same of any qualification or diploma listed in this application;
- *(iii) the documents submitted with this application are currently valid and the contents of this application are true and correct to the best of my knowledge and belief.

This declaration is true and I know that it is an offence to make a declaration knowing that it is false in a material particular.#

This Declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005* at

_____ on _____
Place Date

_____ In the presence of: _____
Signature of Applicant Signature of Authorised Witness

_____ Name of Authorised Witness _____ Qualifications of Authorised Witness

***Delete if applicable. If any deletions are made, please give details on a separate sheet.**

Please be aware that in accordance with Section 87(1)(a) of the Psychologists Act 2005 it is an offence to provide false or misleading information in respect of this application. Penalty \$24,000 or imprisonment for 2 years.

Please note the additional documentation required if you are applying for:

CONDITIONAL REGISTRATION	Form 3 – <i>Application for Conditional Registration</i>
	Form 4 - <i>Certificate of Intention to Employ</i>
	Form 17 - <i>Six Monthly Supervision Plan</i>
	Form 18 (only if your supervisor is not employed by the same employer as yourself)
	Duty statement evidencing that your employment is psychological in nature

SPECIALIST REGISTRATION	Form 21 - <i>Supervision Contract for Specialist Title</i>
	Objectives for the first 6 months supervision period
	Duty statement evidencing that your employment is specialist in nature