

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in accordance with Section 43 of the Psychologists Act 2005 if a qualification that has enabled you to be registered is withdrawn by the body that conferred the qualification, you must advise the Board within 90 days of the withdrawal.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

Psychologists Registration Board of WA

**Certificate of Character**  
(Form 10)

I \_\_\_\_\_  
(insert your full name)

being a person of good repute and standing confirm I have known the applicant for a period of at least 2 years and, not being a relative of the applicant, hereby provide a character reference for:

\_\_\_\_\_  
(insert the full name of the person for whom you are providing a reference)

I understand that this reference is required by the Psychologists Registration Board of Western Australia to assist the Board in determining whether or not the applicant is a fit and proper person for registration as a Psychologist in Western Australia and that the Board is likely to place reliance upon the terms of the reference in that regard.

I confirm that:

- the applicant has no record of criminal convictions, bankruptcy or professional misconduct;\*\*
- the applicant has advised me of all criminal convictions and I confirm that I still consider him/her\*\* to be a fit and proper person of good character;\*\*
- I consider the applicant to be a fit and proper person of good character.\*\*

**\*\*Please delete as necessary**

**PLEASE PRINT:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**CONTACT  
TEL NO:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please forward to: The Registrar  
Psychologists Registration Board of WA  
PO Box 263  
WEST PERTH WA 6872

Psychologists Registration Board of WA

**Certificate of Character**  
(Form 10)

I \_\_\_\_\_  
*(insert your full name)*

**being a person of good repute and standing confirm I have known the applicant for a period of at least 2 years and, not being a relative of the applicant, hereby provide a character reference for:**

\_\_\_\_\_  
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**\*\*Please delete as necessary**

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**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**CONTACT  
TEL NO:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please forward to: The Registrar  
Psychologists Registration Board of WA  
PO Box 263  
WEST PERTH WA 6872

# The Psychologists Board of Western Australia

**Mr Trevor G Hoddy**  
Registrar

PO Box 263  
West Perth WA 6872

15 Rheola Street  
West Perth WA

Telephone: (08) 9321 8499  
Facsimile: (08) 9481 3686  
E-mail: [psychboard@mjwa.com.au](mailto:psychboard@mjwa.com.au)  
ABN: 76 896 604 703

DATE: \_\_\_\_\_

I

\_\_\_\_\_  
(FULL NAME)

hereby apply for registration and understand that the official date of my registration will be the date the Board approves my application.

SIGNED: \_\_\_\_\_