

INVITATION TO BE LISTED ON THE APS DIRECTORY OF COLLEGE SUPERVISORS

PERSONAL DETAILS

Dr Mr Ms Other _____

Family name: _____ Former name (if applicable): _____

Given names: _____ Date of birth: ____/____/____

Contact details:

APS Member No:

Preferred telephone: () _____

Email: _____

BASIS FOR APPLICATION

Do you hold general registration as a psychologist with AHPRA?

YES Registration No: **PSY**

NO Unfortunately, you do not meet the criteria for an approved supervisor under the APS Generic Rules for Colleges 2015.

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ONLY

Are you an approved supervisor for the PsyBA Registrar Program?

YES

NO Unfortunately, you do not meet the criteria for an approved supervisor under the APS Generic Rules for Colleges 2015.

YES I wish to list as a College approved Supervisor for the following APS Colleges area:

- | | | |
|--|--|---|
| <input type="checkbox"/> Clinical Neuropsychologists | <input type="checkbox"/> Counselling Psychologists | <input type="checkbox"/> Health Psychologists |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Educational and Developmental Psychologists | <input type="checkbox"/> Organisational Psychologists |
| <input type="checkbox"/> Community Psychologists | <input type="checkbox"/> Forensic Psychologists | <input type="checkbox"/> Sport and Exercise Psychologists |

Are you a full Member of the relevant College(s)?

YES

NO For information about how to join a College go to <https://groups.psychology.org.au/colleges/join/?ID=5239>
OR email college_applications@psychology.org.au

IMPORTANT INFORMATION ABOUT BEING A SUPERVISOR

For further information please contact:

- The APS via supervisordirectory@psychology.org.au for APS College supervisor queries; or
- The Psychology Board of Australia (PsyBA) via www.psychologyboard.gov.au/Registration/Supervision.aspx for information about becoming a Board approved Supervisor

SECTION 1: APS COLLEGE SUPERVISOR DIRECTORY

I would like my contact details to be listed on the APS College Supervisor Directory?

YES Please complete the table below and note that these details are available to APS members via www.groups.psychology.org.au/CollegeSupervisors.aspx and maybe distributed at the discretion of the APS College Assessment Team

PRACTICE DETAILS

Please complete the table below, noting the location(s) in which you provide supervision

	Suburbs in which you supervise	State	Postcode	Phone 1*	Phone 2	Email
1.						
2.						
3.						

* At least one phone number must be provided.

SECTION 2: APPLICANT'S SIGNATURE

I have read and understood the APS Privacy Policy (www.groups.psychology.org.au/privacy)

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Signature: _____ Date: _____ / _____ / _____

SEND FORM TO ...

Once you have completed this form, please send it to:

Attention:

APS College Assessment Team
The Australian Psychological Society Limited
PO Box 38, Flinders Lane VIC 8009, AUSTRALIA

Telephone enquiries to APS Colleges on **03 8662 3300**
or toll free **1800 333 497**
Email enquiries to **supervisordirectory@psychology.org.au**