 **APPLICATION FORM –AHP2 Psychologists**

 **Assessment for Progression to AHP3**

 For the performance of agency required “accredited supervision” of other public sector psychologists

 In accordance with Schedule 1.2A

 SA Public Sector Wages Parity Enterprise Agreement: Salaried 2014

Applicant Details

|  |  |  |  |
| --- | --- | --- | --- |
|  Surname:  |       | Employee Number |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Given Name(s) |       | FTE: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Classification: |       | Increment: |       |  |
|  Position Title:  |       | Health Site |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Position No: |       | Department |       |
| Contact No: |       | Division |       LHN/HN/Service |       |

|  |  |
| --- | --- |
|  Endorsed Areas of Practice (EAoP):  |        |

A psychologist who: (a) provides formal confirmation to an agency that he/she is formally accredited and endorsed by the Psychologists Board of Australia (PBA) as an “approved supervisor” in respect of other psychologists and (b), is required by the agency in which they are employed to perform “accredited supervision” of other public sector agency psychologists, will progress from AHP2 to AHP3 from the first full pay period after establishing to the satisfaction of the agency that he/she has met both of those two criteria”.

I consider that I meet the above eligibility criteria for progression and provide the following to support my application:

 **Part 1: Details of ‘Accredited Supervision’ (provided by Applicant)**

**Applicant is required to complete Parts 1 and 2.**

1.

Are you formally accredited and endorsed by the Psychologists Board of Australia (PBA) as an “approved supervisor” in respect of other psychologists?

❒ Yes ❒ No

2. I provide / have provided the following types of PBA accredited supervision to public sector psychologist(s):

|  |  |
| --- | --- |
| **Type of Accredited Supervision** | **Commencement / Completion Date(s)** |
| ❒ Principal or Secondary Supervisor for 4 + 2 or 5 + 1 Internship Program |  |
| ❒ Principal or Secondary Supervisor – Registrar Program  |  |
| ❒ Higher Degree Program, eg Masters student(s)  |  |

**Applicant checklist:**

🞎 I have attached evidence indicating that I am formally accredited and endorsed by the Psychology Board of Australia as a current ‘approved supervisor’ in respect of other psychologists to this form.

🞎 I have provided a copy of my current Role Description (Job and Person Specification) and acknowledge that if my application for progression to AHP3 is successful that my current Role Description (Job and Person Specification) will be updated to reflect the requirement to provide Accredited Supervision.

Applicant’s Signature:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Print Name:  | Signature:  | Date:  |

⇨ Forward completed application plus attachment(s) to relevant local Human Resources Section for processing.

**Part 2: Human Resources**

**Application Acknowledgement**

|  |  |  |
| --- | --- | --- |
|  [ ]  Application **acknowledged**  | Date |       |

[ ]  All required information provided or attached (return to applicant if incomplete).

[ ]  Confirmation of Accreditation

[ ]  Current Role Description (Job and Person Specification)

|  |  |  |
| --- | --- | --- |
|  [ ]  Application **not complete** returned to Applicant on:  | Date |       |

|  |  |
| --- | --- |
|  |  |
|  Verified by: Name:  |       Position:       |       |
| HR Location: |       Signature: |  / /  |       |

⇨ Forward application plus attachment(s) to the LHN / Health Service / DHA Clinical Lead Psychologist

**Part 3: Management Declaration**

To be completed by the LHN / Health Service / DHA Clinical Lead Psychologist.

❒  **I confirm / do not confirm** that the Applicant is required to perform ‘accredited supervision’ of SA Health and / or other public sector psychologist/s.

Any Other Comments:

|  |
| --- |
|  |
|  Name:  |       Position: |       |
|  Location: |       Signature: |  Date: |       |

Following completion of Part 3, this Application (including attachments), are to be forwarded to the relevant ED, Allied Health Director

**Part 4: LHN (Executive) Director Allied Health**

 I am / am not satisfied that the applicant is required to perform ‘accredited supervision’ of public sector psychologists for the LHN/Health Service/DHA.

 Where the LHN (Executive) Director Allied Health is not satisfied that the applicant is required to perform ‘accredited supervision’ please provide specific details below:

Comments:

|  |  |  |  |
| --- | --- | --- | --- |
|  Name: |       *Signature:* |                  Date: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Position Title:   |       | LHN:  |       |

 [ ]  Application endorsed[ ]  Application not endorsed

Following completion of Part 4, this Application (including attachments), are to be forwarded to the relevant General Manager, COO or ED

**Part 5: General Manager, COO or ED Signature**

Application for Progression to the 1st step of AHP3 has been noted and endorsed.

|  |  |  |
| --- | --- | --- |
|  Name:  |       Position: |       |
|  Location – LHN: |       Signature: |  Date: |       |

Following completion of Part 5, this Application (including attachments), are to be forwarded to the relevant local Human Resources Section.

**Part 6: Human Resources Section use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Applicant formally advised regarding outcome of application [ ]  Existing Role Description (approved application only) updated in accordance with Workforce Operations Advice [WOA0001/15](http://www.sahealth.sa.gov.au/wps/wcm/connect/34c6ec00463e3f75a271b77f932e4f92/Psychologists%2Bapplication%2Bfor%2BProgression%2Bfrom%2BAHP2%2Bto%2BAHP3%2Bfor%2Baccredited%2Bsupervision%2B-%2BGuidance%2BNotes%2B-%2BWOA0001-15%2B-%2BWFO-A%2BFalleti-20150127.pdf?MOD=AJPERES&CACHEID=34c6ec00463e3f75a271b77f932e4f92) [ ]  Employee Changes Advice form (approved application only) completed and forwarded for necessary processing |

|  |  |
| --- | --- |
| Date |  |
| Date |  |

 |
| Name |       | Date: |

**Part 7: Payroll Services use only**

**Processed By:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |       | Date |  | Checked |  | Date |  |