**Society of Australian Sexologists Ltd**

**Provisional Psychosexual Therapist to Clinical Psychosexual Therapist**

**Accreditation Application Form**

This document must be used in conjunction with the following documents:

* Psychosexual Therapist Accreditation Criteria
* Psychosexual Therapist Application Accreditation Criteria RPL Guidelines
* Society of Australian Sexologists Ltd Code of Professional Practice

|  |  |  |
| --- | --- | --- |
| **Surname:** |  | |
| **Given Names:** |  | |
| **Member Number:** |  | |
| **I have checked and updated my contact details (as required) in my member profile** | |  |

**Supervision and Client Hours**

|  |  |  |
| --- | --- | --- |
| How many hours of client contact hours have you completed? | |  |
| How many hours of supervision have you completed? | |  |
| The name of my current supervisor is: |  | |

**I have uploaded the following (certified) documents to the Accreditation area of my member** **profile:**

|  |  |
| --- | --- |
| Evidence of membership/registration with professional body |  |
| Evidence of professional indemnity insurance |  |
| National Police Check |  |
| Working with Children Check (if applicable) |  |
| Evidence of client-contact hours (Logbook or other evidence) |  |
| Evidence of supervision hours (Logbook, letters, or other evidence) |  |
| Letter of support from my supervisor |  |
| I agree to pay the application fee of $100 |  |

**DECLARATION**

|  |  |  |
| --- | --- | --- |
| I, |  | declare that the information contained in this application is true and correct, |
| and that I agree to abide the Code of Ethics and Practiceof the Society of Australian Sexologists Ltd. | | |

|  |  |
| --- | --- |
| **Applicant’s Signature:** |  |
| **Date:** |  |

**Please upload your completed application to your member profile, along with certified supporting documentation before notifying the National Accreditation Officer** [**accreditation@societyaustraliansexologists.org.au**](mailto:accreditation@societyaustraliansexologists.org.au)**.**

|  |
| --- |
| **Office Use Only**  **Accreditation Officer**  **Before signing below please ensure all the necessary documentation is uploaded. All copies of documents must be certified.** |

|  |  |
| --- | --- |
| **Accreditation Officer’s Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Submitted to the Accreditation Committee:** |  |
| **Review by:** |  |
| **Approved by:** |  |
| **Approved on:** |  |
| **National informed:** |  |
| **State informed:** |  |
| **Applicant informed of outcome:** |  |
| **Accreditation Review Date:** |  |