**Society of Australian Sexologists Ltd**

**Psychosexual Therapist Accreditation Application Form**

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

* Psychosexual Therapist Accreditation Criteria
* Psychosexual Therapist Accreditation Criteria RPL Guidelines
* Society of Australian Sexologists Ltd Code of Ethics and Practice

Please ensure you complete the checklist on the last page before uploading the form, along with certified copies of supporting documentation to the appropriate areas of the Accreditation section of your member profile. Then notify the National Accreditation Officer [accreditation@societyaustraliansexologists.org.au](mailto:accreditation@societyaustraliansexologists.org.au).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | | |
| **Given Names:** |  | | | | |
| **Member Number:** |  | | | | |
| **I have checked and updated my contact details (as required) in my member profile** | | | | |  |
| I am applying for: |  | Provisional Psychosexual Therapist |  | Clinical Psychosexual Therapist | |

**Please answer the following questions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Which of the following organisations are you registered and/or a member?** (Please attach evidence). | | | | |
| APHRA – Psychology | | | |  |
| APHRA – Occupational Therapy | | | |  |
| APHRA – Nursing & Midwifery | | | |  |
| APHRA –Physiotherapy | | | |  |
| APHRA – Medicine | | | |  |
| PACFA Member Association | | | |  |
| What PACFA Member Association do you belong? | | |  | |
| What is your membership category? | |  | | |
| Australian Counselling Association | | | |  |
| Which level of membership? |  | | | |
| Other equivalent Professional Association | | | |  |
| Association name: |  | | | |
| Membership level/category: |  | | | |

1. **Professional Indemnity Insurance**

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| --- | --- | --- | --- | --- |
| I have current professional indemnity insurance. | | | Yes |  |
| (please attach a certified copy) | | | No |  |
| Name of professional indemnity insurance provider: | |  | | |
| Expiry date of cover: |  | | | |
| Level of cover: |  | | | |

1. **National Police Check and/or Working with Children’s Check (where appropriate)**

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| --- | --- | --- |
| I have attached a certified copy of my current Police Check? | Yes |  |
|  | No |  |
| I have attached a certified copy of my current Working with Children’s Check? | Yes |  |
|  | No |  |

*The following sections are your statements to meeting the other criteria.*

*Please note that the textboxes will expand automatically as your type in them.*

1. **Sexological Education**

|  |  |
| --- | --- |
| I have successfully completed postgraduate studies (216 hours minimum) in Sexology at Curtin University AND/OR in Sexual and Reproductive Health at the University of Sydney: | |
| **Yes** (specify the qualification obtained and attach a certified copy of your Academic Transcript) |  |
|  | |
| *e.g., Master of Sexology*  *Master of Science in Medicine (Sexual and Reproductive Health)* | |
| *If you answered ‘Yes’, please proceed to Question 5.* | |
| **No** – you must complete 4a-h below |  |

A minimum of 216 hours (or RPL equivalent) is required covering the following content areas:

1. **Overview of the discipline of sexology (including historical and contemporary approaches to psychosexual therapy and sexuality research)**

**Please indicate in the box below, how you meet this criterion.**

|  |
| --- |
| *e.g., I completed a Masters in Psychosexual Counselling at XY University in 2003* |

**Please list the evidence you are attaching to support this statement.**

|  |
| --- |
| *e.g., Transcript of Masters of Psychosexual Counselling* |

1. **Socio-Cultural Aspects of Sex, Sexuality, and Gender (including sexual and gender diversity/identity, spirituality/religion, ethnicity/race, ability, sexual subcultures)**

**Please indicate in the box below, how you meet this criterion.**

|  |
| --- |
| *EXAMPLE:*  *I have completed a one-day workshop on sexual subcultures through ABC Professionals*  *I completed a unit of study called the Sociology of Gender at YY University*  *I completed a two-day workshop called Working with GLBTI People presented by Peter Petra People* |

**Please list the evidence you are attaching to support this statement.**

|  |
| --- |
| *e.g., Certificate of attendance from ABC Professionals*  *Transcript from YY University*  *Unit description for Sociology of Gender*  *Certificate of Attendance from Peter Petra People* |

1. **Sexual Function and Dysfunction (including diagnosis, testing/assessment, intervention):**

**Please indicate in the box below, how you meet this criterion.**

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|  |

**Please list the evidence you are attaching to support this statement.**

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1. **Sexual and reproductive anatomy and physiology (including models of sexual response cycles);**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Developmental sexuality across the lifespan**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Knowledge of sexually transmitted infections and safer sex practices**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Knowledge of atypical sexual behaviours (including rape and sexual assault, paraphilias, and fetishes)**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Familiarity of current research in psychosexual therapeutic and sexuality-related (broad) research**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Sexological Psychotherapy Training** – A minimum of 72 hours (or RPL equivalent) is required covering the following areas:
2. **Communication skills training in a sexological context (interpersonal micro-skills, report writing)**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Professional practice issues in psychosexual therapy (including sexual history taking, self-awareness/self in the therapeutic context, referrals, professional development, ethics, law)**

**Please indicate in the box below, how you meet this criterion.**

|  |
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**Please list the evidence you are attaching to support this statement.**

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1. **Counselling theories**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Counselling issues in psychosexual therapy**

**Please indicate in the box below, how you meet this criterion.**

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**Please list the evidence you are attaching to support this statement.**

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1. **Attitudes and Values Training Experience** – a minimum of 12 hours is required

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| --- | --- | --- | --- |
| I have attended an Attitudes and Values Training Workshop or unit/subject. | | Yes |  |
| (Please attach a one-page statement as per the guidelines) | |  |  |
| Title of Workshop/Unit: |  | | |
| Place of Workshop/Unit: |  | | |
| Date of Workshop/Unit |  | | |
| Trainer/s: |  | | |

1. **Supervision and Client hours***(Please see the Psychosexual Therapist Accreditation Guidelines)*

|  |  |  |
| --- | --- | --- |
| How many hours of supervision have you completed? | |  |
| How many therapeutic hours have you completed?  (Individual and group therapy hours marked separately) | |  |
| (Please attach documentary evidence of these hours, e.g., logbook and letter from supervisor and/or statutory declaration) | | |
| The name of my current supervisor is: |  | |
| (Please attach a letter of support from your supervisor) |  | |

1. **Nominated Referees**

Please provide the name and contact details for two professionals who can comment on your work as a sex therapist and/or your character.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Telephone:** |  | **Telephone:** |  |
| **Email:** |  | **Email:** |  |
| **Position/Organisation:** |  | **Position/Organisation:** |  |
| **Relationship to you:** |  | **Relationship to you:** |  |

**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’s Check (if applicable) |  |
| Documentary evidence as cited in 4 a-h |  |
| Documentary evidence as cited in 5 a-d |  |
| Evidence of attendance at an *Attitude and Values Training Experience* |  |
| One-page summary as of *Attitude and Values Training Experience,* as per the guidelines |  |
| Evidence of client-contact hours (Logbook or other evidence, explanation of any group therapy) |  |
| Evidence of supervision hours (Logbook, letters, or other evidence) |  |
| Letter of support from my supervisor |  |
| Contact details for two referees |  |
| I agree to pay the application fee when I receive the invoice ($50 Provisional, $100 Clinical) |  |

**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 application with certified copies of your supporting documentation to the Accreditation area of your member profile, then notify 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 attached. 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:** |  |