**Society of Australian Sexologists Ltd**

**Provisional Sexuality Educator to Clinical Sexuality Educator Form**

**Accreditation Application Form**

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

* Sexuality Educator Accreditation Criteria
* Sexuality Educator Accreditation Criteria RPL Guidelines
* Society of Australian Sexologists Ltd Code of Ethics and Practice

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

**Teaching/Training Practice Hours & Mentorship**

|  |  |  |
| --- | --- | --- |
| How many hours of training/education have you completed? | |  |
| How many hours of mentorship have you completed? | |  |
| The name of my current mentor is: |  | |

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

|  |  |
| --- | --- |
| Evidence of professional indemnity insurance |  |
| National Police Check |  |
| Working with Children Check / Working with Vulnerable People Check (if applicable) |  |
| Evidence of training/education hours (Logbook or other evidence) |  |
| Evidence of mentor hours (Logbook, letters, or other evidence) |  |
| Letter of support from my mentor |  |
| I agree to pay the application fee when I receive the invoice ($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 has been provided. 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:** |  |