

**Application for Accredited Members to be listed
as a SAS Supervisor or Mentor**

This form is for use by:

* SAS Accredited Provisional and Clinical Psychosexual Therapist Members seeking recognition as a supervisor, and
* SAS Accredited Provisional and Clinical Sexuality Educator Members seeking recognition as a mentor by SAS.

SAS Supervisors and Mentors will be listed on the ‘Find a Sexologist’ page on the SAS website.

*(Accredited members seeking recognition of a supervisor or mentor to meet accreditation requirements should use the Psychosexual Therapist Supervisor Recognition Request form/Sexuality Educator Mentor Recognition Request form)*

**The role of a supervisor/mentor**

The role of the supervisor/mentor is to enhance supervisee/mentees' skills, competence, and confidence, to provide a reflective space and emotional support, to provide assistance with professional development, to ensure that services to clients are safe, ethical and competent, to ensure compliance with professional and organisational treatment standards and practice.

**Requirements**

To be listed as an approved Supervisor or Mentor, accredited members are expected to have suitable training and experience in the provision of professional and/or clinical supervision/mentorship. *(Note that only accredited educators can be mentors, and only accredited therapists can be supervisors).*

Where an accredited member is recognised as a Supervisor or Mentor with a suitable professional organisation (e.g., AHPRA, PACFA Member Association, AASW, ACA, etc.) the member will also be recognised as a supervisor or mentor (as applicable) by SAS.

Where an accredited member is not recognised as a Supervisor or Mentor with a suitable professional organisation, they must demonstrate how the training and experience they have applies to their suitability in providing supervision/mentorship.

**Your details**

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| **Name:** |  |
| **Membership Number:** |  |

**Are you an approved supervisor or mentor with a professional organisation? (Please specify the organisation)**

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**If not, please provide details of your suitability to provide supervision/mentorship to our member(s)** (e.g., training in professional supervision/experience in the provision of professional/clinical supervision or mentorship)

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**DECLARATION**

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| 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:** |  |

**Send your completed application form and supporting documentation to the National Accreditation Officer** **accreditation@societyaustraliansexologists.org.au**