**Society of Australian Sexologists Ltd**

**Sexuality Educator 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

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:** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Address:** |  | | | | | |
| **City:** |  | | **State:** |  | **Postcode:** |  |
| **Country if Outside Australia:** | |  | | | | |

|  |  |
| --- | --- |
| **Telephone:** |  |
| **Email:** |  |

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| I am applying for: |  | Provisional Sexuality Educator |
|  |  | Clinical Sexuality Educator |

**Please answer the following questions.**

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| --- | --- |
| 1. **To which branch of Society of Australian Sexologists do you belong?** |  |

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 Check / Working with Vulnerable People Check:**

|  |  |  |
| --- | --- | --- |
| 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 Check | Yes |  |
|  | No |  |
| I have attached a certified copy of my current Working with Vulnerable People 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** - A minimum of 216 hours (or RPL equivalent) is required covering the following content areas:
2. **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 education 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. **Training and Education Provision**  – A minimum of CERT IV Training and Assessment (or equivalent, or RPL)
2. Do you hold a CERT IV in Training and Assessment, and/or a Diploma/Advanced Diploma/Bachelor/Graduate Certificate/Graduate Diploma/Masters in cognate area (e.g., education, teaching, training)?

|  |  |  |
| --- | --- | --- |
| **Yes** |  | If yes, please answer question 5.b. |
| **No** |  | If no, please answer question 5.c. |

1. If yes, please list your appropriate qualification/s, institution, and year of award.

|  |  |  |
| --- | --- | --- |
| **Qualification** | **Institution** | **Year** |
|  |  |  |
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1. If no, please provide evidence of training or practical experience in the planning, development, implementation and assessment/evaluation of training/education provision, equivalent to CERT IV in training and Assessment.

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| --- |
| *Please provide a statement to establish your ability to deliver training and education.* |

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 |  |
|  | | No |  |
| Title of Workshop/Unit: |  |
| Place of Workshop/Unit: |  |
| Date of Workshop/Unit |  |
| Trainer/s: |  |

|  |  |  |
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| I have attached a one page statement as per the guidelines. | Yes |  |
|  | No |  |

1. **Teaching/Training Practice Hours & Mentorship**

*Please see the Sexuality Educator Accreditation Guidelines*

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| How many hours of training/education have you completed? (Individual and group education hours marked separately) |  |
| How many hours of mentorship have you completed? |  |

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| I have attached documentary evidence of these hours. | | Yes |  |
|  | | No |  |
| The name of my current mentor is: |  | |

|  |  |  |
| --- | --- | --- |
| I have attached a letter of support from my mentor. | Yes |  |
|  | No |  |

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.

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

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

**Are the following documents (certified copies) attached?**

|  |  |
| --- | --- |
| Evidence of professional indemnity insurance |  |
| National Police Check |  |
| Working with Children Check / Working with Vulnerable People Check |  |
| Documentary evidence as cited in 4 a-h |  |
| Documentary evidence as cited in 5 a-c |  |
| 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 training/education hours (Log book or other evidence) |  |
| Evidence of mentor hours (log book, letters, or other evidence) |  |
| Letter of support from my mentor |  |
| 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. | | |

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| **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:** |  |