# **CPCL Grandfathering Titling Application Form**

Please check the [ACP website](https://australian.physio/pd/australian-college-physiotherapists) and the [ACP Titling Information Handbook](https://australian.physio/sites/default/files/ACP_Title_Info_Booklet_11_April_2023.pdf) for more information.

**All titling applicants**

To be eligible under this pathway, you must fulfil the following criteria:

* Current Ahpra registration without restrictions
* Current member of the Australian Physiotherapy Association
* Current membership of your National Group
* Meet the [continuous practice area experience requirements](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf)
* Meet the [recency of practice requirements](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf)
* Demonstrate 30 CPD hours within the past three years in your selected practice area. If you are applying for two or more sub-streams, a minimum of approximately 20 hours should relate to each sub-stream

Please check if there are any pre-requisite courses in the [ACP Titling Information Handbook](https://australian.physio/sites/default/files/ACP_Title_Info_Booklet_11_April_2023.pdf).

**CPCL grandfathering applicants**

Address the following areas related to the APA Career Pathway roles; more examples are available in the [APA Competence Framework V7.1](https://australian.physio/sites/default/files/APA_COMPETENCE_FRAMEWORK_v7.1_FINAL.pdf):

* **Leadership:** engaging with others to contribute to a vision of quality services in health and other sectors, and take responsibility for the delivery of excellent client care through activities as practitioners, administrators, scholars, or teachers

Some examples include, but are not limited to: leading team meetings, committee involvement

* **Advocacy:** contribute expertise and influence as they work with groups, communities, client populations, government and other agencies and organisations to improve health. Work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilisation of resources to effect change.

Some examples include, but are not limited to committees, policy involvement, case discussion, mentoring

* **Scholar:** demonstrate a commitment to maintaining and enhancing professional competence by engaging in critical reflection, continuous learning, teaching others and contributing to scholarship. There are two components:
  + Teaching: facilitate the education of students, colleagues, co-workers, clients, the public and others

Some examples include, but are not limited to conferences, in services, educational resource compilation

* + Research: contribute to the application, dissemination, translation and creation of knowledge and practice

Some examples include, but are not limited to lead or co-authorship of publications in the area of CPCL, involvement in research projects, engagement with other researchers

**Instructions**

* **Please type your answers**
* All questions must be answered on the application form provided
* Additional pages and/or rows in tables can be included where more space is required
* The grey text is there as a guide only - as you progress through the form your own responses should take place of any text grey text
* If required, include any supporting documentation such as academic transcripts, professional development certificates or employment records as separate, appropriately named files
* Applications must be typed; handwritten applications will not be accepted
* Applications that are not completed correctly, or contain insufficient detail will be returned
* Pay a non-refundable application fee – the completed [payment form](https://australian.physio/sites/default/files/2021_TITLING_FORM_F.pdf) must be included with your application; the payment is ONLY deducted once the application is processed.
* Submit your application as a word document or pdf file and any attachments via email to [ng.title@australian.physio](mailto:ng.title@australian.physio)

**Checklist**

Before sending, your application please ensure you have:

Typed your answers and included sufficient detail

Provided information on continuous practice area experience

Provided information on recency of practice

Provided information on 30 CPD hours in your selected practice area within the last three years

Address the areas related to the APA Career Pathway roles

Completed the declaration and authorisation section

Provided the completed payment form

**Please retain a copy of your application**, in the event that facts provided are questioned the APA reserves the right to request a copy of your original application. The APA further reserves the right to withdraw the title, and refer onto the National Professional Standards Panel if false or misleading information has been provided.

**Please note** applications will be stored on the APA database. Credit card details will be securely disposed of as soon as the payment is processed.

All information provided on this form is subject to the [APA Privacy Policy](https://australian.physio/apa-privacy). When you receive a titled credential, the APA may publish your name and titled credential for members or the public.

**How to submit your application**

Email completed applications to [ng.title@australian.physio](mailto:ng.title@australian.physio)

# **CPCL Grandfathering Titling Application Form**

**Section 1. Personal details, professional experience & CPD**

1. **Please provide personal details in the table listed below:**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **National group membership** | <ENTER RELEVANT NATIONAL GROUP TO THE TITLE> |
| **Title** | <TICK ONE OR MORE BOX/ES TO INDICATE WHICH SUB-STREAM/S YOU ARE APPLYING FOR>  Cancer  Palliative Care  Lymphoedema |
| **Lymphoedema sub-stream only:** | If you are applying for the Lymphoedema sub-stream please provide evidence of current membership of the Australasian Lymphology Association National Lymphoedema Practitioners Register (NLPR), or provide evidence to demonstrate that the criteria for accreditation with the NLPR would be met. (please tick one)  ALA NLPR:  I am registered and evidence is provided  I am not registered but am eligible - please complete Appendix 1 in addition to the relevant sections of the application form |
| **Application Pathway** | **Grandfathering-Experiential Clinical** |

1. **Professional experience**

Please outline your professional experience in the table below

* You may include full-time, part-time and voluntary positions etc.
* You must include:
* Dates – month and year you started and finished
* Organisation – may include practice name, employer, institution or organisation
* Position – role or job title
* Please add more rows if required

|  |  |  |
| --- | --- | --- |
| **Date** | **Organisation** | **Position** |
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1. **Continuing professional development**

* Please list all CPD within the past three years in the table provided in a)
* Please list other relevant CPD in the table provided in b)**.**
* More information on CPD activities is available from the [Physiotherapy Board-Ahpra](https://www.physiotherapyboard.gov.au/Codes-Guidelines/CPD-guidelines.aspx).

1. **Practice area-relevant CPD within the last three years**
   * List a minimum of 30 hours CPD in your selected practice area within the **past three years**
   * You may include your masters course (or PhD for research titling) here if it was within the past three years
   * Please provide a maximum of three documents such as your PD log, certificates of completion etc. as evidence of your CPD
   * Ensure you add the number of practice area CPD hours
   * Provide a total of the practice area CPD hours in the last row of the table
   * Please add more rows if required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **Total CPD hours** | **Practice area CPD hours** |
| E.g. 06/01/2017 | Sports Physiotherapy Level 1 | Australian Physiotherapy Association | 17 | 5 |
|  |  |  |  |  |
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| Total practice area CPD hours (minimum 30 hours in the last three years) | | | |  |

1. **Other relevant CPD courses, conferences and other CPD activities**
   * The CPD may have been undertaken at any time – the purpose is to demonstrate ongoing professional development
   * You may include your masters course (or PhD for research titling) here if it was completed prior to three years ago
   * You may wish to provide up to three documents such as your PD log, certificates of completion etc. as evidence of your CPD
   * Please add more rows if required

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **Total CPD hours** |
|  |  |  |  |
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**Section 2. Continuous practice experience & recency of practice**

### Continuous practice area experience

You must demonstrate that you have a minimum of three years continuous practice area experience by completing the table below. Continuous practice area experience may be expressed in either years or months (e.g. 3 years or 36 months):

* Dates – this must include the month and year that you started and finished (if ongoing, please note this)
* You may copy and paste the relevant *date-organisation-position* information from the Professional Experience table
* Practice area relevance - briefly outline the role and its relevance to the practice area (1-2 dot points or similar)
* Continuous practice experience - how long did you undertake this role? Calculate the continuous practice experience for this time period using the start and finish dates (you may express this either in months or in years)
* Total – add up the continuous practice area experience column and record the total in the bottom row to demonstrate that you meet the minimum requirements
* Please add more rows if required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  (month & year of start and finish) | **Organisation** | **Position** | **Practice area relevance** | **Continuous practice area experience** (months or years) |
|  |  |  |  |  |
|  |  |  |  |  |
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| Total continuous practice area experience - minimum 3 years (36 months) | | | |  |

### Recency of practice

You must demonstrate that you meet the recency of practice requirements in the table below. This is expressed in hours. It is recommended that you demonstrate 450 hours during the immediate previous three-year period; however, you are able to demonstrate recency of practice in 150 hours in the previous year. Dates – this must include the month and year that you started and finished (if ongoing, please note this)

* You may copy and paste the relevant date-organisation-position information from the Professional Experience table
* Practice area relevance - briefly outline the relevant practice area and role,
* Average practice area hours – briefly outline the average number of practice area hours per week
* Recency of practice hours - how many practice area hours have you undertaken in this role? Calculate the relevant practice hours for this time period using the start and finish dates.
* Total – add up the recency of practice hours column and record the total in the bottom row to demonstrate that you meet the minimum requirements
* Please add more rows if required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date**  (month & year of start and finish) | **Organisation** | **Position** | **Practice area relevance** | **Average practice area hours** (per week or per fortnight or per month) | **Recency of practice hours** |
|  |  |  |  |  |  |
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| Total recency of practice (450 hours during the immediate previous three-year period or 150 hours in the previous year) | | | | |  |

**Section 3. Career Pathway Roles**

Please address the following areas related to the APA Career Pathway roles:

1. Please explain how:
   1. You have been exposed to a variety of cases with CPCL conditions across health sectors.

<ENTER RESPONSE HERE MAX 1 PAGE >

* 1. You have engaged in some level of team-based work, or identify other health professionals who you regularly engage with.

<ENTER RESPONSE HERE MAX 1 PAGE >

1. Please outline below how you have addressed the following areas during your career. Refer to page 1 for more details on what can be included in this section.
   1. Leadership:

<ENTER RESPONSE HERE MAX 1 PAGE >

* 1. Advocacy:

<ENTER RESPONSE HERE MAX 1 PAGE >

* 1. Teaching:

<ENTER RESPONSE HERE MAX HALF PAGE >

* 1. Research:

<ENTER RESPONSE HERE MAX HALF PAGE >

**Section 4. Nominator and referee details**

**4a. Physiotherapist Nominator**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Relationship to Applicant** | <PEER/EMPLOYER/OTHER> |

Signed (Nominator): Date:

*(email nomination or electronic signature is acceptable)*

**4b. Non-physiotherapist Nominator**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Relationship to Applicant** | <CLIENT/FRIEND/OTHER> |

Signed (Nominator): Date:

*(email nomination or electronic signature is acceptable)*

**4c. Referee details**

|  |  |
| --- | --- |
| **Name** | <ENTER FULL NAME> |
| **Address** | <ENTER ADDRESS> |
| **Mobile** | <ENTER MOBILE NUMBER> |
| **Email** | <ENTER EMAIL ADDRESS> |
| **Relationship to Applicant** | <CLIENT/FRIEND/OTHER> |

**Section 5 Authorisation & delaration**

Please note: this may be completed electronically. An accompanying email from the witness stating they have read the document is acceptable.

I authorise representatives of the Australian Physiotherapy Association to contact any institution(s) or person(s) mentioned in this paper for information in relation to my application.

I declare that the information contained in this application is true and correct.

**Applicant**

Signed: …………………………………………………………………. Date: ……………….

*(electronic is acceptable)*

Name: ………………………………………………………………….

**Witness**

Signed: …………………………………………………………………. Date: ……………….

*(email or electronic signature is acceptable)*

Name: …………………………………………………………………

**Appendix 1. Lymphoedema sub-stream only – applicants that are not NLPR members**

For applicants who are not NLPR members, please outline in the following sections that you are able to meet the eligibility criteria for NLPR membership in the table below. Please note you are only required to complete **one** of the following two tables below.

1. Postgraduate or equivalent training in lymphoedema treatment and management – please complete the details below and provide a copy of the completion certificate or equivalent

|  |  |
| --- | --- |
| **Course name** |  |
| **Provider / organisation** |  |
| **Date completed** |  |

1. Please outline evidence of 50 points of lymphoedema continuing professional development or professional activity[[1]](#footnote-1) in the previous two years in the relevant categories below.

|  |  |
| --- | --- |
| **Categories** | **List** |
| Workshop, face-to-face training  15 points / day  Max 30 points per 2 years | Course name, provider, hours, date |
| Lecture, webinar or similar  2 points / hour - lecture/webinar  Max 30 points per 2 years | Course name, provider, hours, date |
| Private study – reading journal articles, professional newsletters, or similar  1 point /hour  Max 30 points per 2 years | Article name (if journal), publication name, issue, publisher, hours, date |
| Development of new program, tools, education brochure or similar  1 point / hour  Max 30 points per 2 years metro  Max 40 points per 2 years – rural /regional, part-time, mat leave | Briefly describe: name, purpose, hours, approximate date (month/year) |
| Mentoring or supervision – please note which of these any mentoring or supervision relates to:   * lymphoedema practitioners * broad professional basis * work re-entry to lymphoedema practice   1 point / hour  Max 20 points per 2 years – lymphoedema practitioners  Max 10 points per 2 years – broad professional basis  Max 30 points per 2 years – work re-entry to lymphoedema practice | Role mentored, hours, approximate date or time period (month/year) |
| Professional activities that contribute to lymphoedema awareness & treatment. This may include professional association, state, national or international activities.  Please note the organisation and role, examples may include:   * elected office bearer * convenor * chair of sub-committee * member of project team or sub-committee   3 points / hour  Max 6 points per 2 years | Role including discipline area, organisation, time period (month/year) |

1. Adapted from The Australasian Lymphology Association’s National Lymphoedema Practitioner’s Register, ‘Category 1’, June 2016, ALA – please refer to this document for further details [↑](#footnote-ref-1)