Please check the [website](https://australian.physio/pd/advancing-your-career) and the [APA Titling Information Booklet](https://australian.physio/sites/default/files/APA_Title_Info_Booklet_Dec2020.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 APA Titling Information Booklet on the [website](https://australian.physio/sites/default/files/APA_Title_Info_Booklet_Dec2020.pdf).

**CPCL grandfathering applicants**

Address the following areas related to the APA Career Pathway roles, more examples are available in the [APA Competence Framework V6.0](https://australian.physio/sites/default/files/professional-development/download/career-pathway/Competence_Framework_V6.0.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 practioners, 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
* Academic pathway - provide academic transcripts via My eQuals or email a certified transcript
* 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 must be included with your application, the payment is ONLY deducted once the application is. The payment form can be downloaded from the titling [webpage](https://australian.physio/sites/default/files/professional-development/advancing-your-career/Payment_Form_2020.pdf)
* Submit your application as a word document or pdf file and any attachments via email to 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

[ ]  If you have a masters or post-graduate qualification - provided academic transcript(s) via My eQuals or email a certified transcript

[ ]  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, which is available at [www.australian.physio](http://www.australian.physio). 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

**Section 1. Personal Details**

|  |  |
| --- | --- |
| **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  |
| **Application Pathway** | <ACADEMIC/EXPERIENTIAL> |

**Section 2. Post-graduate qualifications (optional)**

Only complete this section if you have completed a post-graduate qualification

|  |  |
| --- | --- |
| **University** | <ENTER UNIVERSITY NAME> |
| **Qualification** | <ENTER NAME OF COURSEWORK MASTER’S QUALIFICATION> |

1. Provide confirmation (academic transcript) of successful completion of your recognised Australian post-graduate qualification. There are two methods available, please select one:
	1. If your institution has My eQuals available, this is the easiest method to provide access:
* Generate a secure link specifying the following email address: ng.title@australian.physio
* Ensure you provide 30 days access to the document
* Provide us the pin code to access the academic transcript (testamur not required)
* Send a separate email to ng.title@australian.physio with the completed application form and other required files
	1. Email a certified copy of your academic transcript:
* A certified copy is a copy of a primary document that is endorsed, stating that it is a true copy of the primary document. It certifies that the primary document and the copy are genuine.
* Documents can be certified by a person who is authorised as a witness for statutory declarations. Click [here](https://www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx) to see the list of authorised officers.

Send via email to ng.title@australian.physio with the completed application form and other required files

**Section 3. Professional experience & CPD**

1. Continuous practice area experience and recency of practice. You only need to demonstrate that you have met the minimum requirements outlined [here](https://australian.physio/sites/default/files/APA%20Standards_RecencyContinuousPractice_v1.0.pdf).

*Please add more rows if required*

|  |  |  |  |
| --- | --- | --- | --- |
| **Period***Start and finish – month& year* | **Practice, employer or organisation** | **Role and relevance to practice area** | **Practice area #** (hours, weeks or months acceptable)Total |
| *E.g. May 2019 – May 2020* | *Parkside Junior Football Club* | *Team physiotherapist for Parkside junior football club - under 18’s team.* | *12 sports hours/fortnight* |
| *E.g. June 2018 – December 2020* | *‘Private Practice’ Physiotherapy* | *Private clinician – approximately 50% sports patients* | *14 sports hours/week* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| [enter total continuous practice area experience here] | **Total continuous practice area experience** | **Total recency of practice** | [enter total recency of practice here] |

1. List a minimum of 30 hours CPD in your selected practice area within the past three years. . If you are applying for two or more sub-streams, a minimum of approximately 20 hours should relate to each sub-stream

More information on CPD activities is available from the Physiotherapy Board-AHPRA [here](https://www.physiotherapyboard.gov.au/Codes-Guidelines/CPD-guidelines.aspx).

If you are able, please provide a maximum of three documents such as your PD log, certificates of completion etc. You may include your masters course (or PhD for research titling) if it was within the past three years.

*Please add more rows if required*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Activity** | **Activity Provider** | **CPD Hours** |
| E.g. 06/01/2017 | APA Sports Level 1 Course | The Australian Physiotherapy Association | 17 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **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.

|  |  |
| --- | --- |
| **ALA NLPR***Please tick one box* | [ ]  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 |

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 5. 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.

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.

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 (only fill outyou do not need to . Please note: completion of either the above course in the previous two years is sufficient to fulfil this requirement.

|  |  |
| --- | --- |
| **Categories** | **List** |
| Workshop, face-to-face training15 points / dayMax 30 points per 2 years | Course name, provider, hours, date |
| Lecture, webinar or similar2 points / hour - lecture/webinarMax 30 points per 2 years | Course name, provider, hours, date |
| Private study – reading journal articles, professional newsletters, or similar1 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 similar1 point / hourMax 30 points per 2 years metroMax 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 / hourMax 20 points per 2 years – lymphoedema practitionersMax 10 points per 2 years – broad professional basisMax 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 / hourMax 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)