IMPORTANT

Open Arms Outreach Program Statutory Registration Application

Australian Government
Open Arms - Veterans & Families Counselling

Open Arms – Veterans & Families Counselling is Australia's leading provider of high quality mental health assessment and clinical counselling services for Australian veterans and their families. Open Arms maintains an extensive network of external service providers to increase the capacity and diversity of service provision.

To be eligible to provide outreach services, a provider must:

- hold unconditional registration as a psychologist with the Australian Health Practitioner Regulation Agency (AHPRA); or
- hold accreditation as a Mental Health Social Worker with the Australian Association of Social Workers (AASW); and
- have a Medicare Australia provider number; and
- have an Australian Business Number (ABN); and
- hold, or be able to obtain, a Working with Children/Vulnerable People card or a positive assessment letter with respect to their position; and
- agree to maintain a specialist knowledge and understanding of veteran and military culture that enables delivery of a specialised service to eligible Open Arms clients.

Desirable qualifications
Two (2) years experience for Group Program Facilitators or Clinical Supervisors.

Please note:

- Lodging an *Application for Statutory Registration* **does not** guarantee you will be registered as an *Open Arms Outreach Program Clinician*.
- Statutory Registration and induction into the Open Arms Outreach Program **does not** guarantee your services will be utilised. Outreach Program Clinicians are matched to clients depending on the service needs of each area.
- By applying for statutory registration with **Open Arms** as an Outreach Program Clinician you agree to comply with the conditions set out in the Provider Notes which can be found at: https://www.openarms.gov.au/professionals/work-open-arms

I am applying to provide:
(Tick all that apply).

☐ **Individual, Couples/Family Counselling (complete PARTS A, B, C, D, E & H)**

☐ **Group Program Facilitation (complete PARTS A, B, C, E, F & H)**

☐ **Clinical Supervision (complete PARTS A, B, C, D, G & H)**

Part A Applicant Details

To be completed by ALL applicants

1: Title ☐ Prof ☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Other

2: Surname

3: Given name(s)

Please attach a copy of your current resume plus relevant certifications and registration documents to your application.

4: Briefly explain how your skills and experience relate to improved functioning for veterans and their families

Part B Business Details

To be completed by ALL applicants

5: Registered business name

6: Postal address

POSTCODE

7: Australian Business Number (ABN)

8: Primary mobile contact

9: Primary email contact

10: Do you have Public Liability insurance? No ☐ Yes ☐

11: Medicare Provider Number

12: Do you have a practice address? No ☐ ▶ Please go to Question **13** Yes ☐ ▶ Please complete details below

Only complete this section if you have a practice address

Practice name 1.

Practice address 1.

POSTCODE

Practice manager name

Wheelchair access? No ☐ Yes ☐

Do you accept service animals? No ☐ Yes ☐

Medicare Provider Number

Contact number for clients

Practice hours

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Practice name 2.

Practice address 2.

POSTCODE

Practice manager name

Wheelchair access? No ☐ Yes ☐

Do you accept service animals? No ☐ Yes ☐

Medicare Provider Number

Contact number for clients

Practice hours

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Part C Professional Details

To be completed by ALL applicants

AHPRA APPROVED PSYCHOLOGISTS

13: Australian Health Practitioner Regulation Agency (AHPRA) Registration number

Please provide a copy of your registration

Do you hold clinical endorsement?

No ☐ Yes ☐ Please provide evidence of your endorsement

Are you an AHPRA certified Clinical Supervisor?

No ☐ Yes ☐ Please provide a copy of your certification

SOCIAL WORKERS (MENTAL HEALTH)

14: Australian Association of Social Workers (AASW) Registration number

Please provide a copy of your registration

Are you an AASW registered Professional Supervisor?

No ☐ Yes ☐ Please provide a copy of your certification

WORKING WITH CHILDREN/VULNERABLE PEOPLE

15: Registration or Card number (if applicable)

Please provide a copy of your card

Part D Training and Experience

To be completed by Individual, Couples/Family Counsellors and Clinical Supervision applicants ONLY

Mark the corresponding box if you are currently using or are experienced in these trauma focussed interventions and provide details of accredited training and year of completion

Intervention	*Yes*	*Training and year*
Exposure therapy for PTSD–Prolonged imaginal exposure	☐	
Cognitive Processing Therapy CPT for PTSD	☐	
EMDR	☐	
Other (please provide details)	☐	

SPECIAL INTEREST/EXPERTISE

We assume expertise in high prevalence disorders – please let us know if you have skills with other presentations and when you last had training (e.g. couple therapy, family therapy, child and adolescent therapy, alcohol or other drugs, family violence, trauma, eating disorders, pain, sexual dysfunction etc.)

Special interest /Expertise	*Training and date completed*

Part E Referral Preferences

To be completed by Individual, Couples/Family Counsellors and Group Program Facilitators ONLY

16: Please indicate which of the following client presentations you would feel competent working with if referred:

- ☐ Anger
- ☐ Anxiety & Phobias
- ☐ Assertiveness Training
- ☐ Bipolar Disorder
- ☐ Chronic Pain
- ☐ Conflict Resolution
- ☐ Couples/Family Counselling
- ☐ Depression
- ☐ Domestic Violence
- ☐ Eating Disorders
- ☐ Family Relationships
- ☐ Financial
- ☐ Gambling
- ☐ Group Treatment Programs
- ☐ LGBTIQ issues
- ☐ Grief & Loss
- ☐ Health and Wellness
- ☐ Housing
- ☐ Impulsive Behaviours
- ☐ Internet Pornography
- ☐ Legal
- ☐ Life transition and adjustment issues
- ☐ Memory Problems
- ☐ Military issues, Discharge/Adjustment
- ☐ Parenting
- ☐ Post Deployment
- ☐ Post–Traumatic Stress Disorder (PTSD)
- ☐ Post–Natal Depression
- ☐ Relationships
- ☐ Self–Esteem & Self Development
- ☐ Self–Harm
- ☐ Sexual Difficulties
- ☐ Sleep Disorders
- ☐ Stress
- ☐ Substance Abuse
- ☐ Suicidality
- ☐ Trauma Related Symptoms
- ☐ Unemployment/Job Seeking
- ☐ Violence from others
- ☐ Violence to others
- ☐ Work Stress
- ☐ Workplace Bullying

17: Are there any particular presenting issues or clients that you prefer NOT to work with?

No ☐ Yes ☐ ▶ Please give details

18: Is there anything else you would like us to know?

No ☐ Yes ☐ ▶ Please give details

Part F Group Program Facilitation

To be completed by Group Program Facilitation applicants ONLY

A minimum of two years experience providing group treatment programs is desirable.

19: Please provide brief details regarding your group facilitation experience with references to any relevant areas of intervention. Include any specialist group facilitation training undertaken and the year of completion.

20: Briefly explain your demonstrated skills and experience in preparing group facilitation plans and writing group participant reports.

21: Please provide the names and details of two (2) professional referees who are not DVA/ Open Arms employees, who may be contacted to verify your experience.

1. Referee's name and organisation

Phone [ ]

Email

Relationship and description of services provided

2. Referee's name and organisation

Phone [ ]

Email

Relationship and description of services provided

Part G Clinical Supervision

To be completed by Clinical Supervision applicants ONLY

A minimum two years of experience providing clinical supervision is desirable.

22: Please provide brief details regarding your supervisory experience with references to any relevant areas of intervention. Include any specialist supervisory training undertaken and the year of completion.

23: Briefly explain your demonstrated skills and experience in preparing supervisory plans and writing clinical supervisory reports.

24: Please provide the names and details of two (2) professional referees who are not DVA employees, who may be contacted to verify your experience.

1. Referee's name and organisation

Phone [ ]

Email

Relationship and description of services provided

2. Referee's name and organisation

Phone [ ]

Email

Relationship and description of services provided

Part G Clinical Supervision *cont..*

25: Identify the Open Arms centres where you are able to provide supervision.
(Please tick relevant boxes)

Open Arms Centres	*Individual face to face supervision*	*Remote supervision – via video conference, skype or telephone*
Adelaide	☐	☐
Albury/Wodonga	☐	☐
Brisbane	☐	☐
Cairns	☐	☐
Canberra	☐	☐
Darwin	☐	☐
Hobart	☐	☐
Launceston	☐	☐
Lismore	☐	☐
Maroochydore	☐	☐
Melbourne	☐	☐
Newcastle	☐	☐
Perth	☐	☐
Southport	☐	☐
Sydney	☐	☐
Townsville	☐	☐

Part H Declaration

To be completed by ALL applicants

26: I confirm:

- ☐ I have read and agree to the terms and conditions as laid out in the Provider Notes.
- ☐ I agree to maintain a specialist knowledge and understanding of veteran and military culture to enable me to deliver services to Open Arms clients.
- ☐ I confirm that the information given in this form is true and correct
- ☐ I confirm I have attached my current resume and copies of relevant qualifications and registrations

27: Date ☐ / /

Please submit this form to openarms.opcmanagement@dva.gov.au by clicking on the email button below.

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