## The practical steps to applying for registration using the online application system

AHPA provides detailed step-by-step instructions on how to apply for registration using the online application system. Please follow the steps below. There is also information <u>here</u> that may assist.

## Step 1

Before you begin your online application, please follow the instructions to create an account. If you've already created an account, you can proceed directly to step 5.

• Start your application by clicking "APPLY NOW" on the Practitioner Registration page on AHPA's website.



\*Amend graphic when new registration web page published

• Sign up by inputting your email address.



- You will then be sent an email to the email address you provided and you will be asked to follow the link in the email and use a temporary password to login. Login using your email and temporary password.
- Create a new password.

| HEALTH<br>PROMO                           |   |
|---|---|
| Association                               | non   |
| Sections                                  |   |
| Incomplete sections have a cross-         | Please set a new password   |
| completed sections are marked with a tick | The first step of registration is to set a new password of your own.                        |
| 1 Personal Details                        | Plassa other your new nessuord halow and mass the Change Deceand button to continue         |
| 2. References X                           | in case once your men personal occorriging in contrary in a small a bacteria to contrarior. |
| 3. University Details                     | Please enter your new password below:   |
| 4. Self Assessment X                      |   |
| 5. Employment Details                     |   |
| 6. Summary of Role X                      |   |
|   | Change Password   |
| Health Promotion Competencies             |   |
| 7. Enable Change 🗶                        |   |
| 8. Advocate for Health                    |   |
| 9. Mediate through Partnership            |   |
| 0. Communication                          |   |
| 1 Leadership                              |   |
| 2. Assessment                             |   |
| 3. Planning                               |   |
| 4. Implementation                         |   |
| 5. Evaluation and Research                |   |
| 6. Document upload                        |   |
|   |   |
|   |   |
| Please complete all areas above to submit |   |
| your application                          |   |
|   |   |

## Step 5

• You then complete all sections of the application by clicking on the title of each one (see below). Once all sections are completed press the submit button. (Note: If you have completed an accredited course, you only need to complete sections 1 to 3. For everyone else all sections from 1 to 15 need to be completed.)

| Sections  |        |  |  |
|---|--------|--|--|
| Incomplete sections have a cross,                         |        |  |  |
| completed sections are marked with                        | a tick |  |  |
| 1. Personal Details                                       |        |  |  |
| 2. References   | ×      |  |  |
| 3. University Details                                     | ×      |  |  |
| 4. Self Assessment  | ×      |  |  |
| 5. Employment Details                                     | ×      |  |  |
| 6. Summary of Role  |        |  |  |
| Health Promotion Competencies                             |        |  |  |
| 7. Enable Change  | ×      |  |  |
| 8. Advocate for Health                                    | ×      |  |  |
| 9. Mediate through Partnership                            | ×      |  |  |
| 10. Communication   | ×      |  |  |
| 11. Leadership  | ×      |  |  |
| 12. Assessment  | ×      |  |  |
| 13. Planning  |        |  |  |
| 14. Implementation  | ×      |  |  |
| 15. Evaluation and Research                               |        |  |  |
|   |        |  |  |
| 16. Document upload                                       | ×      |  |  |
|   |        |  |  |
|   |        |  |  |
|   |        |  |  |
| Please complete all areas above to su<br>your application | ıbmit  |  |  |
| your application  |        |  |  |

• It is very important to save at the end of each section or you will lose what you have input.

| Sections Performance Performan | ersonal Details<br>ersonal Details |                  |                |                      |                 |  |  |
|--|------------------------------------|------------------|----------------|----------------------|-----------------|--|--|
| 1. Personal Details Pee<br>2. References Title<br>3. University Details Title<br>4. Self Assessment St.<br>5. Employment Details Title   | rsonal Details                     |                  |                |                      |                 |  |  |
| 2. References X<br>3. University Details Titl<br>3. Self Assessment X<br>5. Employment Details X   |                                    | Personal Details |                |                      |                 |  |  |
| 4. Self Assessment X<br>5. Employment Details  | e*                                 | First Name *     |                | Last Name *          |                 |  |  |
|  | vic. v                             | Richard - TEST   |                | Worton               |                 |  |  |
| Summary of Role  | vdar                               | Date of birth *  |                |                      |                 |  |  |
| Health Promotion Competencies  |                                    | ~                | dd/mm/www      |                      |                 |  |  |
| .Enable Change X<br>.Advocate for Health X<br>.Mediate through Partnership X Cc  | Contact Details                    |                  |                |                      |                 |  |  |
| Communication X  | Address 1 *                        |                  |                |                      |                 |  |  |
| Assessment   | 50 So                              |                  |                |                      |                 |  |  |
| 3. Planning A Linglementation X  | x (***                             |                  |                |                      |                 |  |  |
| 5. Evaluation and Research X Add   | Address 2                          |                  |                |                      |                 |  |  |
| N  | ferie Street                       |                  |                |                      |                 |  |  |
| Document upload City   | · •                                | State *          |                | Postcode *           |                 |  |  |
| B  | lackburn North                     | Victoria         | ~              | 3130                 |                 |  |  |
| Cou  | untry *                            |                  |                |                      |                 |  |  |
|  | Australia                          | ~                |                |                      |                 |  |  |
| Please complete all areas above to submit  |                                    |                  |                |                      |                 |  |  |
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|  |                                    |                  |                |                      |                 |  |  |

• The final section 16 (see below) is where you upload any evidence documents. As you can see evidence is optional but can be very useful for assessors in helping them assess your application. A range of formats of evidence is acceptable. Please note the maximum upload size is 5MB i.e. the total MB of all documents uploaded cannot exceed 5MB. Once you select the files **make sure you press save**.

| Australian<br>HEALTH<br>PROMO<br>Association   | Home Fees CPD Contact MyAccount Lagout   |
|--|--|
| Sections<br>Incomplete sections have a cross,<br>completed sections are marked with a tick   | Document upload  |
| 1. Personal Details  | This section enables you to upload documents, photos, certificates and other materials that you feel will support and strengthen your<br>application. This is <b>optional</b> but it can be very useful to assessors and help them determine your level of competence. |
| 3. University Details X<br>4. Self Assessment X  | It may also be useful for you to have support materials available, as assessors are able to ask for additional evidence during their review of<br>your application, and it will save time if you can access them easily.   |
| 5. Employment Details X<br>6. Summary of Role X  | Remember to click Save after you have uploaded files, this step is required to associate your uploads with your Registration submission.   |
| Health Promotion Competencies  | If you need further information or have any problems please contact us.<br>Please note only following file-types can be uploaded;  |
| 8. Advocate for Health<br>8. Advocate for Health<br>10. Communication<br>11. Leadership<br>12. Assessment<br>10. Discourse<br>12. Assessment<br>10. Discourse<br>10. Discourse<br>11. Leadership<br>12. Assessment<br>13. Discourse<br>14. | Images (ong, jog or joeg) POF Spreadheet (vis or xisx) Word Processor ((vis or odocx) Plain Text (tx) Text (tx)  |
| 14. Implementation X<br>15. Evaluation and Research X  | Upload File  |
| 16. Document upload  | Maximum file size is 5MB<br>To remove any unwanted files, use the rubbish bin that will appear next to each upload.<br>Select Files  |
|  | Required fields  |
| Please complete all areas above to submit<br>your application  |  |



• Once all sections and requirements of your application are completed press the submit button. You will then be asked to pay the \$38.50 admin fee and your application is then assessed.

If you have any questions, please email <u>assessment@healthpromotion.org.au</u>