

## Application Form for ACT Intermediary Panel

Please complete this Application Form and submit it, along with all other required documentation, to [intermediaryprogram@act.gov.au](mailto:intermediaryprogram@act.gov.au) by 5PM, Friday 15 May 2026

<b>Personal Details</b>	
<b>Title (Mr/Ms/Miss/Other)</b>	
<b>First Name</b>	
<b>Surname</b>	
<b>Preferred Name (if relevant)</b>	
<b>Gender (not mandatory)</b>	
<b>Residential Address</b>	
<b>Contact Number</b>	
<b>Email Address</b>	
<b>Do you identify as Aboriginal or Torres Strait Islander? (not mandatory)</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
<b>Are you from a Multicultural Background? (not mandatory)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you identify as living with a disability? (not mandatory)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



<b>Educational Details</b>	
<b>Award Type/Qualification 1</b>	
<b>Date of Award</b>	
<b>Award Type/Qualification 2</b>	
<b>Date of Award</b>	
<b>Any other relevant Award/Qualification/Educational information</b>	
<b>Professional Registration Details (if applicable)</b>	
<b>Professional Background</b>	
<b>Registration Body</b>	
<b>Registration Number</b>	
<b>Registration Status</b>	
<b>Registration Expiry Date</b>	
<b>Do you have any practice restrictions?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, what are they?</b>	
<b>Medicare Provider Number (if relevant)</b>	
<b>Working with Children Check Number</b>	
<b>National Police Check Reference</b>	
<b>Any other relevant registrations/memberships</b>	

<b>Employment Details</b>	
<b>Employer name/Private Practice Name</b>	
<b>Employer Address/Private Practice Address</b>	
<b>Current days of work (if relevant)</b>	
<b>Current hours of work (if relevant)</b>	
<b>Do you have flexibility around work commitments?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, please explain.</b>	
<b>Continued Professional Development (CPD) Details</b>	
<b>CPD completed in the past three years (please list)</b>	



<b>Areas of Expertise</b>	
<p><b><u>Developmental Issues</u></b></p> <p><input type="checkbox"/> Learning Disability Mild</p> <p><input type="checkbox"/> Learning Disability Moderate</p> <p><input type="checkbox"/> Learning Disability Severe</p> <p><input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)</p> <p><input type="checkbox"/> Autism Spectrum Disorder (ASD)</p> <p><input type="checkbox"/> Oppositional Defiance Disorder (ODD)</p> <p><b><u>Communication Needs</u></b></p> <p><input type="checkbox"/> Language Delays/Disorders</p> <p><input type="checkbox"/> Unclear Speech (Dysarthria, dyspraxia, cleft palate)</p> <p><input type="checkbox"/> Fluency</p> <p><input type="checkbox"/> Deafness or Hearing Impairment</p> <p><input type="checkbox"/> Voice Disorders</p> <p><input type="checkbox"/> Selective/Elective Mutism</p> <p><b><u>Physical Needs</u></b></p> <p><input type="checkbox"/> Physical Disabilities</p> <p><input type="checkbox"/> Intellectual Disabilities</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Brain or Head Injury</p> <p><input type="checkbox"/> Degenerative or Neurological Condition</p>	<p><b><u>Mental Health Needs</u></b></p> <p><input type="checkbox"/> Mental Health Issues</p> <p><input type="checkbox"/> Trauma</p> <p><b><u>Ages</u></b></p> <p><input type="checkbox"/> Children (0 – 5 years)</p> <p><input type="checkbox"/> Children (6 – 12 years)</p> <p><input type="checkbox"/> Young people (13 – 18 years)</p> <p><input type="checkbox"/> Adults (18+ years)</p> <p><b><u>Specialist Areas</u></b></p> <p><input type="checkbox"/> Aboriginal and Torres Strait Islander Community</p> <p><input type="checkbox"/> Culturally and Linguistically Diverse Backgrounds</p> <p><input type="checkbox"/> LGBTIQ+</p> <p><input type="checkbox"/> People with a disability</p> <p><b><u>Other? (Please Specify)</u></b></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<b>Referee Details</b>	
<b>Referee 1 Name</b>	
<b>Referee 1 Contact Details</b>	
<b>Referee 2 Name</b>	
<b>Referee 2 Contact Details</b>	