

**STATUTORY DECLARATION**  
 (Statutory Declarations Act 1959)  
**for Mental Health Endorsement Application**

**Please note that only members of the association are eligible to apply for endorsement. Application and ongoing endorsement is free for OTA members.**

Please also refer to the **OTA mental health endorsement application document** of \_\_\_\_\_ pages, which is attached to this Statutory Declaration.

I (full name, address and occupation)

.....  
 .....

make the following declaration:

**My professional details are set out below:**

<b>Surname</b>
<b>Given Name</b>
<b>Street Address</b>
<b>Suburb</b>
<b>State/ Territory</b>
<b>Postcode</b>
<b>Email</b>
<b>Phone number(s)</b>
<b>OTA Member No</b>
<b>OTBA (Ahpra) Registration No</b>
<b>Medicare Provider No(s)</b>

**Applicant Agreement**

- I confirm that all information provided in my application is a true and accurate representation of my own individual skills and experience.
- I confirm the information provided within my application has not been copied or taken from another source and has not been written on my behalf by a third party.
- I understand that I am required to maintain OTA membership in order to maintain active mental health endorsement.
- It is recognised that the Occupational Therapy Australia Code of Ethics (2014) states that “members of the occupational therapist profession have an individual responsibility to maintain their own level of professional competence and each of them must strive to improve and update knowledge and skills” and that supervision is an important strategy in assisting occupational therapists to meet their professional obligations and that the Professional Supervision Framework (2019) recommends a minimum of at least monthly supervision. <https://otaus.com.au/practice-support/position-statements>
- I recognise that I am required to undertake at least 10 hours of Continuing Professional Development each year focused on building and maintaining my knowledge of mental health practice (or therapeutic mental health interventions (referred to as Focused Psychological Strategies under the BAMH Program) if practicing under Medicare), with the audit cycle applying to the period of 1 December and 30 November of the following year.

**Eligibility Criteria:**

- I have a minimum of 2 years full-time (or equivalent) of supervised practice as a qualified occupational therapist working in mental health, with recency of mental health endorsement relevant practice (at least 6 months full time equivalent in the last 5 years), as detailed in OTA mental health endorsement application.
- I satisfy all domains of competency described in the *Australian Occupational Therapy Competency Standards (2018)* and meet the *National Practice Standards for the Mental Health Workforce (2013)*.
- I am currently a registered occupational therapist with the Occupational Therapy Board of Australia (OTBA) and have no restrictions on my practice that would make me ineligible to practice in this field.

**Permission to Release Information:**

- I request Occupational Therapy Australia to provide the Professional Details set out (above) to Medicare Australia for the purposes of my endorsement as an eligible provider of Focused Psychological Strategies.

**I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.**

**Signature of person making the declaration:** .....

**Declared at (place)** ..... **On (day)** .....

**Of (month and year)** .....

**WITNESS TO COMPLETE INFORMATION BELOW**

**Before me (Full Name) (print)** .....

**Address of Witness (print)** .....

**Signature of person before whom the declaration is made**

**Qualification (print)** .....

**Please also refer to attached OTA mental health endorsement application**

*Email applications (PDF format only) to:*  
**Occupational Therapy Australia Limited**  
**Att: Mental Health Endorsement Applications**  
**info@otaus.com.au**