

Mental Health Professional Data for the ATAPS Minimum Dataset

For each question, please fill in the appropriate answer or circle the appropriate option

Once completed, please return this sheet to your Medicare Local ATAPS officer.

1. For which other Medicare Locals do you also provide ATAPS services?

2. Gender Female Male

3. Year of Birth _____

4. Do you identify as any of the following?

Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander Neither

Please circle your answers to questions 5 & 6 in the table below

5. What is your profession?	6. What is the nature of your registration/accreditation?		
Psychologist (Clinical)	Full Registration	Provisional Registration	
Psychologist (Generalist/Other)	Full Registration	Provisional Registration	
Social Worker	Accredited Mental Health Social Worker	Graduate Social Worker	Other, please specify
Occupational Therapist	Full Registration		
Mental Health Nurse	Credentialed Mental Health Nurse	Registered Nurse	
Aboriginal and Torres Strait Islander Health Worker	Full Registration		
Other	Please Specify		

7. What is your highest qualification?

PhD Doctorate Masters Post Graduate Diploma Undergraduate Degree with Honours Undergraduate Degree Diploma Certificate

Other, please specify _____

8. What year were you first fully registered/qualified in your profession? _____

9. Are you a member of a professional body related to your profession?

Australian Psychological Society	Australian Association of Social Workers	Occupational Therapy Australia	Australian College of Mental Health Nurses	National Aboriginal and Torres Strait Islander Health Worker Association
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10. Other, please specify _____

11. In which year did you first start providing ATAPS services? _____

12. How are you engaged by your Medicare Local?

Employed by the Medicare Local	Contracted as an individual to the Medicare Local	Employed by another service which is contracted to the Medicare Local	Other
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13. Which ATAPS services are you engaged by your Medicare Local to deliver? Circle all that apply

General ATAPS

Suicide Prevention

Perinatal Depression

Homelessness

Aboriginal and Torres Strait Islander

Rural and Remote

Children

ATSI Suicide Prevention

Tier 2 ECE – Flood/Cyclone

Tier 2 ECE - Bushfire

Tier 2 ECE Other

14. Are you able to provide ATAPS services in a language other than English?	Yes	No
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15. If yes, please specify _____