

### COMPLETING THIS SURVEY

Information supplied on this form may be provided to other persons and agencies for workforce planning. The Occupational Therapy Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA) are committed to ensuring the privacy and confidentiality of personal information held and will adhere to the National Privacy Principles under the Privacy Act 1988 (Cth) when collecting, using, disclosing, securing and providing access to private information.

- Read all instructions
- Print clearly in BLOCK LETTERS using a black or blue pen
- Place X in ALL applicable boxes
- These questions are optional

Today's date:  /  /

(DD / MM / YYYY)

### SECTION A: Your qualifications

#### 1. Where did you obtain your initial qualification in occupational therapy?

Mark one box only

- Australia
- New Zealand
- Other overseas - Please specify:



### SECTION B: Your employment

**i** For the following questions, working includes the practice of occupational therapy, or work that is principally concerned with that discipline, e.g. research, administration or teaching of occupational therapy, in which you:

- worked in Australia for a total of one hour or more LAST WEEK in a job or business (including own business) for pay, commission, payment in kind or profit;
- usually work, but were away from work on leave, on strike or locked out or rostered off.

#### 2. LAST WEEK, were you working in occupational therapy in Australia?

Mark one box only

- Yes (including on leave for less than three months)  
Go to question 6
- Yes (but currently on leave for three months or more)  
Go to question 6
- No  
Go to the next question

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#### 3. LAST WEEK, why were you not working in occupational therapy in Australia?

Mark one box only

- Working in occupational therapy overseas  
Go to question 5
- Working in an occupation other than occupational therapy  
Go to the next question
- Not working in paid employment at all  
Go to question 5
- Retired from regular work  
Go to question 17

#### 4. LAST WEEK, what was your occupation?

  


#### 5. LAST WEEK, did you take active steps to look for work in occupational therapy in Australia?



Looking for work includes (either part-time or full-time):

- applying for work
- enquiring about a job
- answering an advertisement
- registering with an employment agency
- advertising for work
- contacting people about a job.

No  Go to question 17

Yes  Go to question 17



For questions 6-12, if you were on leave last week, answer for a typical week. **Exclude** hours on call not worked.

#### 6. LAST WEEK, how many hours did you work in total in occupational therapy?

Clinical roles  
(including managers and supervisors also providing clinical services)  hours

Non-clinical roles  
(including teacher, researcher, administrator or other)  hours

Total  hours

#### 7. LAST WEEK, in your clinical role, how many hours did you work in each sector in occupational therapy?

Private  
(including non-profit organisations)

hours

Public

hours



For questions 8-12, answer for the job in which you worked the most hours last week.

**8. LAST WEEK, what was your principal role in your main job in occupational therapy?**

Mark one box only

- Clinician (including managers and supervisors also providing clinical services)
- Administrator (including managers not providing clinical services)
- Teacher or educator
- Researcher
- Other - Please specify:

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**9. LAST WEEK, what was the primary scope of practice of your main job in occupational therapy?**

Mark one box only

- Rehabilitation
- Neurological
- Paediatrics
- Disability
- Mental health
- Aged care
- Occupational health
- Hand therapy
- Driving assessment
- Other - Please specify:

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**10. LAST WEEK, in your main job did your work include an advanced scope of practice role?**



Includes work that is currently within the scope of practice for occupational therapists, but that through custom and practice has been performed by other professions. The advanced role requires additional training, competency development as well as significant clinical experience.

- No
- Yes (please describe the type of work you undertook in the advanced scope of practice role)

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**11. LAST WEEK, what was the principal work setting of your main job in occupational therapy?**

Mark one box only

- Solo private practice
- Group private practice
- Locum private practice
- Other private practice
- Aboriginal health service
- Domiciliary service
- Drug and alcohol service
- Health promotion service
- Rehabilitation/physical development service
- Other community health care service
- Hospital (excluding outpatient service)
- Outpatient service
- Residential aged care facility
- Disability service
- Hospice
- Other residential health care facility
- Sports centre/clinic
- Other commercial/business service
- Educational facility
- Correctional service
- Defence forces
- Other government department or agency
- Other

**12. LAST WEEK, where was the location of your main job in occupational therapy?**

For state/territory, mark one box only

- |                              |                              |  |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> NSW | <input type="checkbox"/> SA  | <input type="checkbox"/> NT                |
| <input type="checkbox"/> VIC | <input type="checkbox"/> WA  | <input type="checkbox"/> ACT               |
| <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> Other territories |

Postcode

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Suburb

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**13. Other than the location reported in question 12, do you also work in a regional, rural or remote location?**

- No  Go to question 15
- Yes  Specify state, postcode and suburb below, then go to the next question

**i** If you work in more than one additional regional, rural or remote location, provide the one in which you usually work the most hours.

For state/territory, mark one box only

- NSW       SA       NT  
 VIC       WA       ACT  
 QLD       TAS       Other territories

Postcode

Suburb

**14. On average, how often do you work in this location?**

Mark one box only, and report the frequency worked at this location

Weekly       day(s) per week

OR  Fortnightly       days per fortnight

OR  Monthly       days per month

OR  Quarterly       days per quarter

OR  Annually       days per year

**SECTION C: Workforce intentions**

**15. In total, how many years have you worked in occupational therapy in Australia?**

**i** Include years regardless of full-time or part-time status. Exclude time spent not working and unpaid leave.

 whole years

**16. How many more years do you intend to remain in the occupational therapy workforce in Australia?**

 whole years

**17. In the past 5 years have you had a break from practice of more than 12 months continuously?**

- No  
 Yes

**SECTION D: Your details**

**18. Are you of Aboriginal or Torres Strait Islander origin?**

Mark one box only

- No  
 Yes - Aboriginal  
 Yes - Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander

**19. Are you a temporary resident?**

- No  Thank you, no further questions.
- Yes  Specify your visa type below
- 309 - Partner (offshore)  
 402 - Training and Research  
 417 - Working Holiday  
 422 - Medical Practitioner  
 457 - Temporary Work (Skilled)  
 485 - Temporary Graduate  
 572 - Vocational Education and Training Sector  
 573 - Higher Education Sector  
 574 - Postgraduate Research Sector  
 820 - Partner (onshore)  
 Other

**Thank you, no further questions.**

Please return this workforce survey to AHPRA in the same envelope as your renewal application

