

PERSONAL DETAILS

Dr Mr Ms Other _____

Family name: _____ Former name (if applicable): _____

Given names: _____ Date of birth: ____ / ____ / ____

Preferred mailing address:

State: _____ Postcode: _____

Preferred telephone: () _____

Other details:

Email: _____

Position/title: _____

Organisation: _____

APS Member Number: _____ APS Grade: _____

Mobile: _____

BASIS FOR APPLICATION

- I am an Honorary Fellow, Fellow, or Member of the Society; AND
- I have completed a research PhD in psychology on a thesis topic relevant to the College specific area of practice; OR
- I have completed a research PhD in psychology and published a body of relevant research in the College-specific area of practice as follows:
- (i) at least two (2) peer reviewed articles; or
 - (ii) at least two (2) chapters in an academic book published with an independent publisher; or
 - (iii) at least two (2) refereed conference proceedings publications; or
 - (iv) an academic book published with an independent publisher; or
 - (v) equivalent published relevant research as set out in any of (i), (ii), (iii) or (iv) or in any combination thereof.

AND

- I wish to be elected as an Associate Academic Member of the APS College of:

- | | | |
|--|--|---|
| <input type="checkbox"/> Clinical Neuropsychologists | <input type="checkbox"/> Counselling Psychologists | <input type="checkbox"/> Health Psychologists |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Educational & Developmental Psychologists | <input type="checkbox"/> Organisational Psychologists |
| <input type="checkbox"/> Community Psychologists | <input type="checkbox"/> Forensic Psychologists | <input type="checkbox"/> Sport & Exercise Psychologists |

ACADEMIC RECORD

Please list below **all undergraduate and postgraduate qualifications in psychology** that you have been awarded.

Name of institution	Qualification(s)	Month and year completed

IMPORTANT! Documentation of qualifications

If you do not submit supporting documentation in the manner outlined below, your application cannot be processed.

Transcripts

- For each degree, please provide an official academic transcript that itemises each subject undertaken, and shows a completion or conferral date for each degree.
- Academic transcripts may be submitted in original transcripts, high quality scans of your original transcripts, or as a *certified photocopy.
- Documentation submitted to the APS in support of your application will not be returned.
- If your transcripts are in another name to that listed on the front of this form, please provide certified documentation of your change of name, such as Marriage Certificate or Name Change Certificate.
- Please notify the College Assessment Team if you believe the APS already holds the relevant transcript(s).

*Certified photocopy

- Photocopies of documentation must be **certified as true copies of the original** by one of the following certifying officers: Member of the Society (MAPS, FAPS, Hon FAPS), accountant, Justice of the Peace, lawyer, pharmacist, physiotherapist, police officer, psychologist. Each photocopied page should be marked '**certified as a true copy of the original**' and include the signature and printed name, profession, registration number and telephone number of the certifying officer. The certifying officer must not be a family member or spouse.

Major research thesis title(s). Please attach PhD abstract.

Thesis Title	Supervisor's Name

PUBLICATIONS

Please list below publications in a refereed journal of psychology and/or publication in a refereed book (including chapters in books) and/or published refereed conference papers in the specialist field of Psychology:

Name of publication/article/book/conference	Publication reference/citation/ISBN	Year

COLLEGE MEMBERSHIP DIRECTORY

The College has developed a Membership Directory for each College which assists members to network and connect within their College.

Only members of the same College can access the College Membership Directory. The following details would be disclosed: Title, First name, Last name, Telephone number, Work place, State/Territory. Further options include provisions for expressing interest in peer consultation and providing supervision to provisional psychologists.

Please tick the box if you would like to be listed in the College Membership Directory.

CHECKLIST

Processing is dependent on receipt of the following documents. Please tick boxes to indicate inclusion:

- This completed application form
- Certified copies of all relevant academic transcripts
- PhD abstract
- Signed declaration
- Payment of fee

SEND FORM TO ...

Once you have completed this form, please send it together with all relevant documents and payment to:

Attention:

APS College Assessment Team

The Australian Psychological Society Limited

PO Box 38, Flinders Lane VIC 8009, AUSTRALIA

Telephone enquiries to APS Colleges on **03 8662 3300** or toll free **1800 333 497**

Email enquiries to collegeapplications@psychology.org.au

OFFICE USE ONLY

Application outcome:

APPROVED

NOT APPROVED

Name of assessor	Signature of assessor	Date: ____ / ____ / ____
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