

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 a member, or an affiliate of the Society; AND
- I wish to be admitted as an Affiliate of the APS College of:
 - Clinical Neuropsychologists
 - Clinical Psychologists
 - Community Psychologists
 - Counselling Psychologists
 - Educational & Developmental Psychologists
 - Forensic Psychologists
 - Health Psychologists
 - Organisational Psychologists
 - Sport & Exercise Psychologists

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
- Signed declaration
- Payment of fee

SEND FORM TO ...

Once you have completed this form, please send it together with 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: ____ / ____ / ____ |
|------------------|-----------------------|--------------------------|