

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 have completed an APAC accredited and College approved:

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

Your application will be assessed in accordance with the APS Generic Rules for Colleges, October 2015.

The APS Generic Rules for Colleges (2015) state:

7.2 Academic Member

To qualify for election to the grade of Academic Member of a College, a person must not be eligible for election to the grade of Associate Member or Member of a College, must hold the grade of membership of Honorary Fellow, Fellow or Member of the Society, and must have:

- (a) completed a research PhD program in psychology; and
- (b) postgraduate experience of at least two (2) years as a researcher or an educator in psychology in the College-specific area of practice, following successful completion of their research PhD; and
- (c) have published a notable body of relevant research in the College specific area of practice as follows:
 - (i) at least three (3) articles as a first author in a peer-reviewed journal; or
 - (ii) at least three (3) chapters as a first author in an academic book published as a first author with an independent publisher; or
 - (iii) at least three (3) refereed first author conference proceedings publications; or
 - (iv) an academic book published as a first author 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.All publications must be acceptable within the Excellence in Research Australia initiative or equivalent.
- (d) In addition to the completion of appropriate qualifications, the College may require the passing of an examination prior to electing an applicant to the grade of Academic Member of a College.

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 attach **official** academic transcripts, that **itemise each subject** undertaken and **show completion or conferral** of each degree. Academic transcripts may be submitted in either **original** format 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 (for example, Marriage Certificate or Change of Name 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)

Thesis Title	Supervisor's Name

POSTGRADUATE EXPERIENCE

Please detail below postgraduate experience of at least two (2) years as a researcher or an educator in the specialist field of Psychology:

Place of postgraduate experience (e.g., name of university, research centre, not for profit organisation etc)	Position held	Years (month/year- month/year)	Summary of duties (e.g., subjects taught, research topics, research supervision)

PUBLICATIONS

1. List first authored publications
2. Other publications

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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