

**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:

- MPsych; or  DPsych; or  MPsych/PhD  Dual Doctorate

of Psychology in:

- |   |   |  |
|---|---|--|
| <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 |

**AND**

I wish to be elected to the grade of Associate Member of this College **YES**

## 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



## 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
- Completed academic record
- Certified copies of all relevant academic transcripts
- 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](mailto:collegeapplications@psychology.org.au)

## OFFICE USE ONLY

Application outcome:

APPROVED

NOT APPROVED

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