

APPLICATION FORM
ASSOCIATE MEMBER
APS COLLEGES



PERSONAL DETAILS

Dr Mr Ms Other _____

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

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

APS Member Number: _____ APS Grade: _____ PsyBA Registration Number: _____

BASIS FOR APPLICATION

I am an Honorary Fellow, Fellow, Member, or Associate Member of the APS; AND

I wish to be elected as an Associate 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 |

I have completed an APAC accredited and College approved:

- Masters Doctorate Combined Masters/PhD

of Psychology in the College-specific area of psychology.

ACADEMIC RECORD

Please list below **relevant 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 the above degree, please provide an official academic transcript that itemises each subject undertaken, and shows a completion or conferral date for the above 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.

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 are disclosed: Title, First name, Last name, Telephone number, Work place, State/Territory. Further options for members 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.

APPLICANT'S DECLARATION

I hereby declare that:

1. All information submitted by me in this application is true to the best of my knowledge. I understand that any misleading statement, or omission, may be cause for rejection of this application.
2. I understand that if my application is unsuccessful, or if I withdraw or don't complete my application, I will be charged a processing fee of up to a maximum of \$88.00.
3. If I become a member of an APS College, I will be bound by the *Generic Rules for Colleges* and any other rules or regulations adopted by the APS including the Terms and Conditions for APS College Applications and the APS Privacy Policy (Copies of the above documents are available on the APS website www.psychology.org.au or alternatively from the National Office of the APS).
4. I have read and understood the Terms and Conditions for APS College Applications and the APS Privacy Policy.

OFFICE USE ONLY

Signature: _____

Date: ____ / ____ / ____

PAYMENT

Membership for the Subscription year ending 31 May 2020

There are three payment periods, depending on when you join:

• If you join between 1 June 2019 and 30 November 2019	\$110.00 (incl. \$10.00 GST)
• If you join between 1 December 2019 and 10 February 2020	\$55.00 (incl. \$5.00 GST)
• If you join between 11 February 2020 and 31 May 2020 [^]	\$110.00 (incl. \$10.00 GST)

[^] When joining between 11 February and 31 May 2020 you will receive College Membership until 31 May 2021 which means getting up to 3 months complimentary College Membership.

1. If you are paying by **cheque**, please make it payable to: The Australian Psychological Society Limited (Australian dollars only please).

2. If you are paying by **credit card**, please complete the following details:

American Express

Mastercard

VISA

Amount: \$ _____

Card number:

Expiry date: ____ / ____

Card holder's name (please print clearly): _____

Card holder's Signature: _____ Date: ____ / ____ / ____

The Australian Psychological Society Limited ABN: 23000 543 788

This document becomes a Tax Invoice for GST upon payment. Please photocopy this form for your records.

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: ____ / ____ / ____
------------------	-----------------------	--------------------------