

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, or Member of the Society; AND

I wish to be elected as a Fellow 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 |

VIA

OPTION 1

If you have obtained **Area of Practice Endorsement** from the **Psychology Board of Australia (PsyBA)** in the College-specific area of practice;

OR

OPTION 2 (includes a processing fee of \$86.00)

If you do not have **Area of Practice Endorsement** from the PsyBA in the College-specific area of practice, but have completed an APAC accredited and College approved:

- Masters Doctorate Combined Masters/PhD

in the College-specific area of psychology; **AND**

have completed College-specific area relevant supervised practice;

(please contact the College Assessment Team via collegeapplications@psychology.org.au for details of documentation required with the application).

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.

DIRECTORY OF COLLEGE SUPERVISORS

The College has a Directory of College Supervisors for each College with members who are eligible to provide supervisory services to prospective and new college applicants.

I am a PsyBA approved supervisor for their Registrar Program pathway

I would like my contact details listed on the APS Directory of College Supervisors

→ Please complete the table below and note that these details are available to APS members and maybe distributed at the discretion of the APS College Assessment Team.

PRACTICE DETAILS

Please complete the table below, noting the location(s) in which you provide supervision

| Suburbs in which you supervise | State | Postcode | Phone 1* | Phone 2 | Email |
|--------------------------------|-------|----------|----------|---------|-------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

* At least one phone number must be provided.

