

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 |

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

AND

OPTION 1

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

1. Complete and submit this application; and
2. Provide a certified copy of the PsyBA Certificate of Registration, including your Area of Practice endorsement

or

OPTION 2

If you do not have **Area of Practice Endorsement** from the PsyBA in the College-specific area of practice but have completed **College-approved Supervised Practice**, please contact the College Assessment Team via collegeapplications@psychology.org.au for the list of documents you need to complete and submit with this application.

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

AND

A) If you have already obtained Area of Practice Endorsement:

OR

B) For College-approved supervised practice:

- Provide a certified copy of the PsyBA Certificate of Registration, including your Area of Practice endorsement

- Up-to-date CV
- College-approved Supervised Practice forms (contact the College Assessment Team)

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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