

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 am an Honorary Fellow, Fellow, or Member of the Society; AND I wish to be elected as a Fellow of the APS College of: Clinical Neuropsychologists Counselling Psychologists Health Psychologists Clinical Psychologists Educational & Developmental Psychologists Organisational Psychologists Community Psychologists Forensic Psychologists Sport & Exercise Psychologists

VIA

 OPTION 1If you have obtained **Area of Practice Endorsement** from the **Psychology Board of Australia (PsyBA)** in the College-specific area of practice, please include a certified copy of the PsyBA Certificate of Registration that confirms the endorsement;

OR

 OPTION 2If 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/PhDin 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.

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 provide an official academic transcript that itemises each subject undertaken, and shows a completion or conferral date for each 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.

Major research thesis title(s)

Thesis Title	Supervisor's Name

APPLICANT'S DECLARATION

- (a) Are you under investigation by the Psychology Board of Australia (PsyBA) as the result of a notification? YES NO
- (b) Have you had an adverse finding made against you by the PsyBA? YES NO
- (c) Have you been convicted of an offence involving a criminal charge, or is there any charge pending? YES NO

OFFICE USE ONLY

Note: If you responded "YES" to any of the above questions, please attach an explanation to this application (including details of the outcome). Mark it "IN CONFIDENCE" and address it to the Executive Manager: Science, Education and Membership. In evaluating your application, the Executive Manager: Science, Education and Membership will consider your response to these questions and may request further information. **A positive answer to any of the above questions will not automatically result in rejection of the membership application. Each application will be considered individually.**

I hereby declare that:

- 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.
- 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 \$84.00.
- 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).
- I have read and understood the Terms and Conditions for APS College Applications and the APS Privacy Policy.

OFFICE USE ONLY

Signature: _____ Date: _____ / _____ / _____

PAYMENT *(current Associate members of the College are not required to pay to upgrade their College membership)*

Membership for the Subscription year ending 31 May 2018

The College membership assessment fee includes complimentary College membership.

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

•	If you join between	1 June 2017 and 30 November 2017	you pay	\$189.00	(incl. 17.19 GST)
•	If you join between	1 December 2017 and 10 February 2018	you pay	\$136.50	(incl. 12.42 GST)
•	If you join between	11 February 2018 and 31 May 2018	you pay	\$189.00 [^]	(incl. 17.19 GST)

[^] *When joining between 11 February and 31 May 2018 you will receive College Membership until 31 May 2019 which means getting up to 3 months complimentary College Membership.*

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

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.

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

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Application outcome:

APPROVED

NOT APPROVED

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