

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 hold professional qualifications
- I am a member of a relevant professional association
- I am a member, subscriber or an affiliate of the Society; AND
- I wish to be admitted as a Professional Subscriber 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

ACADEMIC RECORD

Please list below **all undergraduate and postgraduate professional qualifications** that you have been awarded.

Name of institution	Qualification(s)	Month and year completed

PROFESSIONAL AFFILIATIONS

Name of professional association (relevant to qualifications)	Current grade of membership	Years of membership (month/year - month/year)

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.

APPLICANT'S DECLARATION

- | | | | |
|---|------------------------------|-----------------------------|-----------------|
| (a) Are you under investigation by the Psychology Board of Australia (PsyBA) as the result of a notification? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | OFFICE USE ONLY |
| (b) Have you had an adverse finding made against you by the PsyBA? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| (c) Have you been convicted of an offence involving a criminal charge, or is there any charge pending? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

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:

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 \$86.00.
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.

Signature: _____ Date: _____ / _____ / _____

PAYMENT

Membership for the Subscription year ending 31 May 2019

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 2018 and 30 November 2018	you pay	\$193.00	(incl. 17.55 GST)
•	If you join between	1 December 2018 and 10 February 2019	you pay	\$139.50	(incl. 12.69 GST)
•	If you join between	11 February 2019 and 31 May 2019	you pay	\$193.00 [^]	(incl. 17.55 GST)

[^] When joining between 11 February and 31 May 2019 you will receive College Membership until 31 May 2020 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.

CHECKLIST

Processing is dependent on receipt of all of the following documents. Please tick boxes to indicate inclusion:

- This completed application form
- Certified copies of all relevant academic transcripts
- Certified copies of each current certificate of membership of professional affiliations
- 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

OFFICE USE ONLY

Application outcome:

APPROVED

NOT APPROVED

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