

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 wish to be admitted to the grade of Professional Subscriber of the APS College of:

- | | | |
|---|---|--|
| <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 |

Your application will be assessed in accordance with the current APS Generic Rules for Colleges, which state:

7.8 Professional Subscriber

To qualify for admission to the grade of Professional Subscriber of a College a person must hold professional qualifications and be a member of a relevant professional association, although the applicant need not hold any grade of membership of the Society.

Professional Subscribers are considered to be Admitted Members of the Society. Please note that Conditions for Admitted Members of the Society^ are:

- Admitted Members will be entitled to receive notices of general meetings.
- Admitted Members will not be entitled to vote in Society elections.
- Admitted Members are not permitted to be office-holders of the Society.
- Except as otherwise provided in the Constitution, Admitted Members will be entitled to the privileges of membership of the Society under the Constitution, the Rules* and the Code*.

^ Admitted Members of the Society include Affiliates, International Affiliates and Student Subscribers.

* The Rules and the Code are as defined in the Society's Constitution.

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 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).

*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 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: _____ / _____ / _____

