

**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](http://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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

