

APS COLLEGE REINSTATEMENT MEMBER AND ACADEMIC MEMBER

Current Members of the APS, who were previously members of an APS College, may be eligible for reinstatement according to the Generic Rules for Colleges. Please complete the relevant section(s) of this form and submit this to the College Assessment team. You will be advised of the outcome shortly.

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: _____

Please reinstate me to the APS College(s) 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 |

BASIS FOR APPLICATION

You previously held a grade of Member or Academic Member of a College and wish to rejoin the College. You may be eligible for reinstatement to membership of the College if:

Please tick the box below that is relevant to your reinstatement application: ^

- i. You are applying for reinstatement within three (3) months of the date of resignation (Rule 13.4) or removal from membership (Rule 13.5). YES

Date of resignation or lapse of Membership from College: _____ / _____ / _____

► Proceed to SECTION C: APPLICANT'S DECLARATION

OR

- ii. You are applying for reinstatement and provide written evidence of extenuating circumstances including but not limited to parental leave, illness or other reason for lapse of membership in the intervening period and also provide written evidence of having completed such Continuing Professional Development as may be required; or YES

► Proceed to SECTION A: EXTENUATING CIRCUMSTANCES

OR

- iii. You are applying for reinstatement as you previously held the grade of Member of the College and currently hold Area of Practice Endorsement with the Psychology Board of Australia in the same discipline as the College. YES

► Proceed to SECTION C: APPLICANT'S DECLARATION

^ If you wish to reinstate to a College grade other than the grade of Member or Academic Member, please email collegeapplications@psychology.org.au

SECTION A: OUTLINE OF EXTENUATING CIRCUMSTANCES REGARDING YOUR LAPSE OF COLLEGE MEMBERSHIP

a) Please tick the box that relates to your extenuating circumstance(s):

- | | | |
|--|--|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Returning to the profession | <input type="checkbox"/> Maternity/paternity leave |
| <input type="checkbox"/> Returning from Overseas | <input type="checkbox"/> Environmental circumstances | <input type="checkbox"/> Other, please note below |

b) Please provide a brief outline of extenuating circumstance(s) below, including relevant dates:

Outline:

c) Please attach any relevant supporting documentation if available (e.g. medical certificate)

► Proceed to SECTION B: CPD REQUIREMENTS

SECTION B: CONTINUING PROFESSIONAL DEVELOPMENT (CPD) REQUIREMENTS

1. Have you completed the requisite 16 hours of College-relevant continuing professional development in the cycle preceding this application?

- YES** Continue
NO Go to question 2

Log your College-relevant CPD details at the following web link <http://www.psychology.org.au/Members/Login.aspx> and clearly label activities that are College-relevant

NOTES:

- a) Do not send your CPD report to the APS. The College Assessment Team will confirm your logged activities on the APS database as part of the reinstatement process.
- b) If you are unable to log your CPD details via the APS CPD logging system, please call the College Assessment team on **03 8662 3300** or email via collegeapplications@psychology.org.au to request a manual CPD record.

► Proceed to SECTION C: APPLICANT'S DECLARATION

2. Has the Psychology Board of Australia granted you an exemption from CPD activities?

- YES** Attach evidence of the CPD exemption being granted

► Proceed to SECTION C: APPLICANT'S DECLARATION

- NO** Please call the College Assessment Team on 03 8662 3300 or email via collegeapplications@psychology.org.au

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

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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 \$83.00.
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.

OFFICE USE ONLY

Signature: _____ Date: ____ / ____ / ____

PAYMENT

Membership for the Subscription year ending 31 May 2017

The College membership assessment fee includes complimentary College membership.

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

•	If you join between	1 June 2016 and 30 November 2016	you pay	\$103.00	(incl. 9.36 GST)
•	If you join between	1 December 2016 and 10 February 2017	you pay	\$51.50	(incl. 4.68 GST)
•	If you join between	11 February 2017 and 31 May 2017	you pay	\$103.00 [^]	(incl. 9.36 GST)

[^] When joining between 11 February and 31 May 2017 you will receive College Membership until 31 May 2018 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:

APS American Express 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.

REASON FOR COLLEGE REINSTATEMENT

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

To access the APS College website, including the member and supervisor directories

CPD, peer consultation and networking opportunities

Required by employer

To assist in maintaining a registered area of practice endorsement

Other (please indicate): _____

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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