

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 Student 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 APS Generic Rules for Colleges, October 2015.

The APS Generic Rules for Colleges (2015) state:

7.7 Student Subscriber

To qualify for admission to the grade of Student Subscriber of a College, a person must hold a grade of membership of the Society and be able to demonstrate their current enrolment in an Accredited program in psychology.

VERIFICATION OF CURRENT ENROLMENT

Please attach proof of current enrolment in your Accredited psychology program (e.g. a letter from your university).

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:

- 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 \$15.00.
- 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.

Signature: _____ Date: ____ / ____ / ____

PAYMENT

Membership for the Subscription year ending 31 May 2017

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

•	If you join between	1 June 2016 and 10 February 2017	you pay	\$15.00	(incl. 1.36 GST)
•	If you join between	11 February 2017 and 31 May 2017	you pay	\$15.00 [^]	(incl. 1.36 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.

CHECKLIST

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

- This completed application form.
- A copy of the enrolment notification and/or letter from the University course coordinator for the Accredited psychology course you are currently enrolled in.
- 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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