

### 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 am a member, Student Subscriber or an affiliate of the Society; AND
- I am enrolled in an APAC accredited degree in psychology, or a postgraduate research degree in psychology; AND
- I wish to be admitted as a Student 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

### VERIFICATION OF CURRENT ENROLMENT

Please attach proof of your current enrolment in an APAC accredited psychology degree, or a postgraduate research degree in psychology. The proof of current enrolment document should show your name, the name of the course, name of the university, and the enrolled subjects for the current year. Please select and attach **one** of the following:

- A screen shot of your enrolment record; OR
- A signed letter on University letterhead confirming your name, course and current enrolment; OR
- A summary of enrolment stamped and signed by the University; OR
- Enrolment advice and fee help liability.



## 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 verification.
- 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](mailto:collegeapplications@psychology.org.au)

## OFFICE USE ONLY

Application outcome:

APPROVED

NOT APPROVED

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