

# ASSOCIATE MEMBER

Application for election

**ASSOCIATE MEMBER, GRADUATE REDUCTION**



**APS**

Australian  
Psychological  
Society

[www.psychology.org.au](http://www.psychology.org.au)

# ASSOCIATE MEMBER

Joining the Australian Psychological Society means you become part of the profession and discipline of psychology. It means you become part of an active, progressive organisation, which is advancing the standard and reputation of the psychology profession and discipline across Australia. It means you can connect with over 20,000 members across the nation; a vast network of practitioners, researchers, educators, consultants and students.

Becoming an APS member means instant recognition of your status within the field of psychology. Join now!

To attain the grade of **Associate Member** of the Society you must have completed an APAC (Australian Psychology Accreditation Council) accredited four year undergraduate sequence of study in psychology.

## Associate Member benefits

**Associate Members of the Australian Psychological Society (APS) are entitled to many benefits that include:**

- **Professional networking:** The APS is a national Society with over 20,000 members. Associate Members can build up contacts through attendance at APS conferences, branch meetings and college seminars. State newsletters advertise these activities.
- **Professional recognition:** Associate Members can use the post-nominal "Assoc MAPS", which reflects their grade of Associate Member.
- **APS website:** [www.psychology.org.au](http://www.psychology.org.au). Log on to access the latest media releases, professional resources and information about upcoming events.
- **CPD logging *NEW*:** Online logging system enables monitoring of individual CPD requirements related to national registration, Medicare provider and APS membership.
- **Online access to EBSCO database and APS journals *NEW*:** Free online access to APS journals (including all back copies) and the *Psychology and Behavioural Sciences Collection* database, which includes over 550 international psychology and behavioural sciences journals.
- **Code of Ethics and Ethical Guidelines:** Invaluable resources for practising psychologists. A recently developed document is the revised *Guidelines on record keeping*. You can download these resources from the member-only section of the website.
- **InPsych:** This publication is mailed to members every two months to keep them informed about topical issues and new developments in psychology.
- **Professional indemnity insurance:** Reduced insurance rates are available for Associate Members. The difference in premium between the non-member and member rate is greater than the annual APS subscription. Go to [www.psychology.org.au/membership/benefits](http://www.psychology.org.au/membership/benefits).
- **Book Discounts *NEW*:** APS members can now obtain a 25% discount on books in the Wiley-Blackwell catalogue, including textbooks, reference books, the *For Dummies* how-to books, *Frommers* travel guides, *Betty Crocker* cookbooks and others. Go to [www.psychology.org.au/membership/benefits](http://www.psychology.org.au/membership/benefits) for details on how to sign up.
- **Find a Psychologist:** Allows members of the public to search online for a psychologist in their chosen location. For \$163.00, fully registered Members can add their name to a database of over 2,500 members. More than 900 searches are regularly conducted online per day. 'Find a Psychologist' means that new clients are only a mouse click away!
- **APS Advantage:** APS members can obtain discounted Qantas Club membership, competitive life insurance and income protection policies, reduced interest rates on home loans, credit card reductions, and car-hire discounts.
- **APS Matters:** Fortnightly email update distributed to all members with links to relevant member news and website updates.
- **Products and resources:** Members can order informative and user-friendly APS products such as Tip Sheets that promote psychology to the public, and support members in the profession.

Please contact the APS National Office on 03 8662 3300 or toll free on 1800 333 497 if you would like further information about any of the above benefits. We encourage you to take part in Society activities and welcome your feedback on any issues that are important to you as a psychologist.

# Application for election as an Associate Member

Membership for the subscription year ending 31 May 2012

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## Who should use this form?

Use this form if you have completed the requirements of an APAC-accredited 4 year sequence **on or after** 1 December 2010.

- If you join between **1 December 2011 and 10 February 2012** you pay **\$126.25** (incl. \$11.48 GST)

### APS Student Subscribers:

- Current APS Student Subscribers **MUST** submit academic transcripts as requested. These are not held on file.

### APS members upgrading from 1 December 2011 to 10 February 2012:

- Existing Affiliates and Student Subscribers who have paid their current subscription, and who are upgrading their membership do not need to pay any additional subscription, but must submit academic transcripts and other relevant documentation.

## PERSONAL DETAILS

Dr  Mr  Mrs  Ms  Miss  Other  \_\_\_\_\_

Family name: \_\_\_\_\_ Former name (if applicable): \_\_\_\_\_

Given names: \_\_\_\_\_ Date of birth: \_\_\_\_\_

To ensure that we are always able to contact you, we ask that you supply two addresses. Your **preferred mailing address** will be recorded as the address to which all correspondence will be sent. Your alternate address will be used to communicate with you should we have difficulty contacting you at your preferred mailing address. In addition, your **preferred telephone number** and **organisation for which you work** will be listed in the APS Membership Directory. \*The preferred telephone number will be your general contact telephone number for release upon request.

### Preferred mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Preferred telephone\*:( ) \_\_\_\_\_

Preferred fax:( ) \_\_\_\_\_

### Alternate address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Alternate telephone:( ) \_\_\_\_\_

Alternate fax:( ) \_\_\_\_\_

Email: \_\_\_\_\_

Position/title: \_\_\_\_\_ Organisation: \_\_\_\_\_

## BASIS FOR APPLICATION

- I have four years of accredited study in psychology [Clause 10(a)]. YES   
**OR**
- I believe I meet the requirements of Clause 10(c) (qualifications comparable to four years of accredited study in psychology). YES   
**OR**
- I have three years of accredited study in psychology (Clause 18(b)(i)) AND hold current, full and unconditional registration as a psychologist in Australia. YES

## MEMBERSHIP OF THE APS/ASSESSMENT OF QUALIFICATIONS

- Do you hold/have you held any other grade of membership of the Australian Psychological Society (APS)? (please circle) YES / NO  
If **YES**, state grade and membership number (if known): \_\_\_\_\_

- Have you had your qualifications assessed by the APS in the last 10 years? (please circle) YES / NO  
If **YES**, attach copy of assessment letter OR state date when qualifications were assessed: \_\_\_\_\_

## ACADEMIC RECORD

Please list below **all undergraduate and postgraduate qualifications in psychology** that you have been awarded.

OFFICE USE ONLY

Name of institution	Qualification	Month and year completed
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thesis title (where applicable) \_\_\_\_\_

### IMPORTANT! Documentation of qualifications

If you do not submit supporting documentation in the manner outlined below, the processing of your application will be delayed.

#### 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**. (**Please note: The APS does not accept University letters of completion because they are not considered official documents**). Documentation submitted to the APS in support of your application will not be returned. Current student subscribers **MUST** submit academic transcripts, as these are not held on file.
- 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).

#### Certification

- Photocopies of documentation must be **certified as true copies of the original** by one of the following certifying officers: Member of the Society (MAPS), accountant, Justice of the Peace, 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.

#### Non-Australian degrees

- If your qualifications were obtained from outside Australia, please download a copy of the *List of Supplementary Questions* form from the APS website at [www.psychology.org.au/membership/applying](http://www.psychology.org.au/membership/applying). This form should be completed and submitted with this application.

## NOMINATOR

As part of the Associate Member application process, **all applicants** need to be nominated by a current **Honorary Fellow, Fellow or Member** of the Society, who must complete and sign the Nominator section below. Only applicants who reside outside Australia are exempt from completing this section of the form.

Applicants who are **unable** to get an Honorary Fellow, Fellow or Member to nominate them should instead supply two recent written references about their suitability for election to the grade of Associate Member from people who have overseen their work or study. Please download a copy of the "Pro-forma for Nomination" from the APS website at [www.psychology.org.au/membership/associate\\_member](http://www.psychology.org.au/membership/associate_member) or contact Membership to be sent this pro-forma.

I, the undersigned, nominate \_\_\_\_\_ and believe that she/he meets the requirements of Clause 10, and that to the best of my knowledge, all statements in this application are true, and that she/he is a fit and proper person to be elected to the grade of Associate Member of the Society.

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Full Name: \_\_\_\_\_ Telephone W: ( ) \_\_\_\_\_

Grade of APS Membership: \_\_\_\_\_ User ID (Membership No): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPLICANT'S DECLARATION

YES NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| (a) Have you been or are you currently under investigation by any disciplinary or legal tribunal?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have charges of unprofessional conduct ever been brought against you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Have you been convicted in the past 10 years of an offence involving a criminal charge, or is there any charge pending? | <input type="checkbox"/> | <input type="checkbox"/> |

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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 Manager Member Services. In evaluating your application, the Manager Member Services 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 on its merits.**

#### 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 may be charged a processing fee of up to a maximum of \$115.00.
- If elected as an Associate Member, I will be bound by the *Constitution and Code of Ethics* and any other rules or regulations adopted by The Australian Psychological Society Ltd. (Copies of the above documents are available on the APS website, or alternatively from the National Office of the Society).
- I understand that my title, full name and preferred contact telephone number and organisation for which I work will appear in the APS Membership Directory on the APS website, and that these details may be released by the Society upon request, unless I indicate otherwise by writing to the Manager Member Services at the APS.
- I understand that in response to a request from a psychologist registration board, the Society may, at its discretion, disclose information held about my qualifications, experience and practice as a psychologist.

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## REASONS FOR JOINING

To assist us to analyse membership trends and statistics, could you please tick **one** of the following boxes that **best represents your main reason** for joining the APS or upgrading your APS membership:

- Malpractice insurance
  Access to APS benefits and services
  Required by employer  
 To access the APS website
  PD and networking opportunities
  Becoming part of the profession  
 Other (please indicate): \_\_\_\_\_

## MEMBERSHIP PROFILE

### Question 1

Employment status: please tick **ONE** option which best describes your current situation:

Currently employed	<input type="checkbox"/>	– Go to Question 2
Not currently in the workforce	<input type="checkbox"/>	– Go to Question 8
Retired	<input type="checkbox"/>	– Go to Question 8
Student	<input type="checkbox"/>	– Go to Question 8

### Question 2

Please tick the **SETTING(S)** in which you currently work and indicate whether you are working in the private or public sector (tick **ONE** category only for each job).

	MAIN JOB		SECOND JOB	
	Public	Private	Public	Private
Community Health Service	<input type="checkbox"/>	–	<input type="checkbox"/>	–
Community Mental Health Service	<input type="checkbox"/>	–	<input type="checkbox"/>	–
Corporate, Commercial	–	<input type="checkbox"/>	–	<input type="checkbox"/>
Defence	<input type="checkbox"/>	–	<input type="checkbox"/>	–
Disability Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government Department (not listed elsewhere)	<input type="checkbox"/>	–	<input type="checkbox"/>	–
Hospital – General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital – Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Private Practice	–	<input type="checkbox"/>	–	<input type="checkbox"/>
Justice/Corrective Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not-for-Profit Organisation (including NGOs)	–	<input type="checkbox"/>	–	<input type="checkbox"/>
Primary Care/GP Clinic	–	<input type="checkbox"/>	–	<input type="checkbox"/>
Research Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tertiary Education (other than as a student)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Question 3

From the following categories, tick **ONE** option which best describes the **TYPE** of work for each of your Main and Second jobs:

	Main job	Second job
Client services	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Teaching	<input type="checkbox"/>	<input type="checkbox"/>
Management or Administration	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

### Question 4

If when answering Question 3 you indicated that you provide Client services, please tick the type of geographical location from which you provide these services (you may tick more than one):

	Main job	Second job
Capital City	<input type="checkbox"/>	<input type="checkbox"/>
Regional centre	<input type="checkbox"/>	<input type="checkbox"/>
Rural or remote areas	<input type="checkbox"/>	<input type="checkbox"/>

### Question 5

If when answering Question 3 you indicated that you provide Client services, please tick the type of client group(s) you work with (you may tick more than one):

	Main job	Second job
Children/Infants	<input type="checkbox"/>	<input type="checkbox"/>
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>
Adults	<input type="checkbox"/>	<input type="checkbox"/>
Older adults	<input type="checkbox"/>	<input type="checkbox"/>
Couples	<input type="checkbox"/>	<input type="checkbox"/>
Families	<input type="checkbox"/>	<input type="checkbox"/>
Community groups	<input type="checkbox"/>	<input type="checkbox"/>
Organisations	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal or Torres Strait Islander peoples*	<input type="checkbox"/>	<input type="checkbox"/>
Culturally & linguistically diverse people	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

\* If you have indicated that you work with Aboriginal or Torres Strait Islander peoples in Question 5, please go to Questions 6 & 7. If you did not indicate that you work with Aboriginal or Torres Strait Islander peoples in Question 5, please go straight to Question 8.

### Question 6

What proportion of your current professional workload involves working with indigenous clients or communities:

less than 10%	<input type="checkbox"/>
10% - 40%	<input type="checkbox"/>
41% - 70%	<input type="checkbox"/>
71% - 100%	<input type="checkbox"/>

### Question 7

How long have you been working with indigenous clients or communities?

less than 1 year	<input type="checkbox"/>
1 - 5 years	<input type="checkbox"/>
more than 5 years	<input type="checkbox"/>

### Question 8

Do you hold registration with the Psychology Board of Australia?

Yes, I hold general registration	<input type="checkbox"/>
Yes, I hold provisional registration	<input type="checkbox"/>
Yes, I hold non-practising registration	<input type="checkbox"/>
No, I am not registered with the Psychology Board	<input type="checkbox"/>

## APS JOURNALS

As an APS member you will receive six (6) issues of *InPsych*, a hard copy of four (4) issues of one of the Society's two main journals as listed below, and online access to both journals\*. Please indicate which journal you wish to receive in hard copy by ticking the relevant box below.

– **Either** four issues of the *Australian Journal of Psychology* (AJP) **\$0.00**

– **Or** four issues of the *Australian Psychologist* (AP) **\$0.00**

### OR

– **to receive** both journals in hard copy, please tick the box and pay the additional **\$61.00 (incl. \$5.55 GST)**:

\*Members also have online access to all archived content (beginning from the first issue) of the AP & AJP at no extra cost.

## BRANCH MEMBER DIRECTORY

The Society has developed member directories for each Member Group, which will assist member networking at a more local level and with colleagues who share similar expertise or interests. Only members of the particular Branch may access the directory.

**If you wish to be listed in your Branch directory please tick the box** :

## PAYMENT

1. If you are paying by **cheque**, please make it payable to: The Australian Psychological Society Ltd (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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**A tax invoice/receipt will be issued following the processing of your application.**

\*The above subscription amount incorporates a processing fee of \$115.00. If your application is unsuccessful, or if you withdraw or don't complete your application, a processing fee of up to \$115.00 will be charged. (Upgrading Affiliates and Student Subscribers whose applications are unsuccessful, withdrawn or incomplete are exempt from this processing fee.)

## PRIVACY INFORMATION

### Protecting Your Privacy

We are committed to protecting your privacy, and the confidentiality and security of the personal information held or collected by the Society.

### How we use your personal information

The personal information provided by you on this application form will be used:

- to assess your eligibility for membership;
- to update any personal information already held about you on our database;
- to provide successful applicants with access to and information about a range of current and future membership benefits;
- to provide the Society with data and statistics about its membership;
- to include limited information in a publicly accessible Membership Directory, and further information in an APS Members-only accessible version of the Membership Directory.

If you do not provide us with this personal information, we may not be able to process your application.

### How we collect personal information

In addition to the information collected from you in this form, the Society may also seek personal information from publicly available sources, such as directories, or from other sources such as educational institutions, registration boards or employers, for the purpose of verifying information provided to the Society.

### When we disclose your personal information

We may at times disclose your personal information to organisations external to the Society where those organisations assist us to provide services to you. Information disclosed to external organisations is done on a limited basis and is provided with the agreement from those service providers that they will maintain the security of that information and use it only for the limited purpose for which it is disclosed.

### Accuracy and Access

The Society strives to keep accurate records of the personal information we collect. You have a right to access your personal information held by the Society, subject to the exceptions listed in National Privacy Principle 6. If you would like to do so please contact the Privacy Officer as set out below. Your request will need to be put in writing for security and recording purposes.

### Membership Directory

The Society's Membership Directory is not a publicly searchable facility. Information included in the Directory may be provided upon request, as follows. For Society members:

- Your nominated contact phone number and organisation for which you work will be released to the public upon request. (If you do not wish to have your telephone number released to the public upon request, please ensure you have ticked the appropriate box on this form, updated your details in the "Manage Your Membership" section of our database, or sent an email to [membership@psychology.org.au](mailto:membership@psychology.org.au).)
- If you hold the membership grades of Associate Member, Member, Fellow or Honorary Fellow of the APS, your title, name, contact phone number, and your membership of APS Colleges will be included in the APS Members-only accessible version of the Membership Directory available through the APS website.
- In response to a request from a psychologist registration board, the Society may, at its discretion, disclose information held about your qualifications, experience and practice as a psychologist.
- The Society may seek your consent to have the same details as those included in the Membership Directory made accessible to other allied health organisations for the purpose of increasing access by appropriately qualified professionals to psychologists for the purpose of making referrals.

### Our Privacy Policy

For further information about the Society's privacy policy, refer to the APS website at [www.psychology.org.au](http://www.psychology.org.au). Copies of the APS Privacy Policy may be downloaded from the website.

## HAVE YOU ... ?

1. Enclosed your originally **certified academic transcript(s)** showing individual subjects and proof of completion/conferral of each award? .....

2. Had your form signed by a **Nominator**? .....

3. Completed the form and signed the **Declaration** section? .....

4. Attached your **payment**? .....

## SEND FORM TO ...

**Once you have completed this form, please send it together with the relevant subscription payment to:**

Membership  
The Australian Psychological Society Ltd  
PO Box 38, Flinders Lane VIC 8009, AUSTRALIA

Telephone enquiries to Membership on  
**03 8662 3300** or toll free **1800 333 497**  
Email enquiries to [membership@psychology.org.au](mailto:membership@psychology.org.au)