

Application for admission as an Professional Affiliate



APS
Australian Psychological Society

Membership for the subscription year ending 31 May 2012

Who should use this form?

Use this form if you have completed a university degree and are a current member of a relevant professional association related to psychology. There are two payment periods for Professional Affiliates depending on when you lodge your application:

•	If you join between	1 June 2011 and 30 November 2011	you pay	\$252.50	(incl. \$22.95 GST)
•	If you join between	1 December 2011 and 10 February 2012	you pay	\$126.25	(incl. \$11.48 GST)
•	If you join between	11 February 2012 and 31 May 2012*	you pay	\$252.50*	(incl. \$22.95 GST)

*All applicants who join during this period pay \$252.50 and receive membership until 31 May 2013. The APS Board of Directors will set the 2012-13 Professional Affiliate subscription in late March 2012. If you join after late March 2012, please check the APS website for the updated amount.

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.

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. ***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: () _____
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Email: _____

Position/title: _____ Organisation: _____

MEMBERSHIP OF PROFESSIONAL SOCIETIES/ASSOCIATIONS

Please attach certified proof of your **current** membership of a professional society or association, and complete the following:

Name of professional society/association	Duration of your membership in years and months
_____	_____

ACADEMIC RECORD

Please list below **your highest tertiary** qualification:

Name of institution	Qualification	Month and year completed
_____	_____	_____

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

- Please attach an **official academic transcript** that itemises each subject undertaken and shows completion or conferral of the above 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.
- 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.

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.

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?

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

APPLICANT'S DECLARATION

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

	YES	NO	OFFICE USE ONLY
(a)	<input type="checkbox"/>	<input type="checkbox"/>	
(b)	<input type="checkbox"/>	<input type="checkbox"/>	
(c)	<input type="checkbox"/>	<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 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 admitted as a Professional Affiliate, I will be bound by the Society's *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 may be released by the Society upon request, unless I indicate otherwise by writing to the Manager Member Services at the APS.

OFFICE USE ONLY

Signature: _____

Date: ____ / ____ / ____

