

# Application for admission as a Teacher Affiliate



## Membership for the subscription year ending 31 May 2012

### Who should use this form?

Use this form if you are teaching psychology at a secondary school (years 10 to 12). There are two payment periods for Teacher 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 Teacher 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.**

<b>Preferred mailing address:</b> _____ _____ State: _____ Postcode: _____ Preferred telephone*: ( ) _____ Preferred fax: ( ) _____	<b>Alternate address:</b> _____ _____ State: _____ Postcode: _____ Alternate telephone: ( ) _____ Alternate fax: ( ) _____
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Email: \_\_\_\_\_

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

### ACADEMIC RECORD

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

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

### BASIS FOR APPLICATION

At secondary school level I teach psychology to Year(s): 10  11  12  (please tick)

at (insert name of institution) \_\_\_\_\_

### CERTIFICATION

**To be completed by School Principal or Manager of educational institution.**

I hereby certify that the applicant, \_\_\_\_\_

is currently teaching psychology at (name of institution) \_\_\_\_\_

Full Name (please print clearly): \_\_\_\_\_ Position / Title: \_\_\_\_\_

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

# 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?  YES  NO
- (b) Have charges of unprofessional conduct ever been brought against you?  YES  NO
- (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

**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 Teacher 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

