



INSTITUTE OF CLINICAL PSYCHOLOGISTS

MEMBERSHIP APPLICATION FORM

I am applying for: FULL MEMBERSHIP* ASSOCIATE MEMBERSHIP*

(see end of document for description of different types of membership)

1. PERSONAL DETAILS

TITLE:
SURNAME:
GIVEN NAMES:
DATE OF BIRTH:

2. CONTACT DETAILS

(Please indicate which of the addresses below you would like ICP to send correspondence to.)

POSTAL ADDRESS:	Send correspondence to this address

PRACTICE ADDRESS:	Send correspondence to this address

WORK TELEPHONE:
FAX:
HOME TELEPHONE:
MOBILE TELEPHONE:
EMAIL ADDRESS:

3. AHPRA PSYCHOLOGY BOARD REGISTRATION DETAILS

TITLE	REGISTRATION NUMBER	DATE OF REGISTRATION	ENDORSEMENT/S

4. QUALIFICATIONS

DEGREE	INSTITUTION	GRADUATION YEAR

5. CURRENT MEMBERSHIPS OF PROFESSIONAL SOCIETIES

6. CURRENT CLINICAL PRACTICE

EMPLOYMENT	EMPLOYER	APPROX. TIME %
Private practice		
Private practice		
Non-private practice		
Non-private practice		

7. CURRENT CLINICAL PSYCHOLOGY WORK ACTIVITIES

8. PREVIOUS EMPLOYMENT AS A CLINICAL PSYCHOLOGIST

9. PROFESIONAL REFERREES

Please name two Clinical Psychologists (preferably ICP members) from whom information may be obtained regarding your character, ethical standing, professional competence, qualifications and experience.

NAME	ADDRESS	EMAIL and PHONE

10. DECLARATION

The above information is true and correct. I agree to inform the ICP in writing should I ever wish to terminate my membership and that I will be responsible for all annual membership fees up to the end of the year in which I terminate my membership. I understand that the ICP is a voluntary organisation and does not offer a *pro rata* fee structure at the time of commencing or terminating membership.

SIGNATURE OF APPLICANT: _____

Date: _____

Please EMAIL or FAX completed applications to:

Dr. Marjorie Collins
Psych Place
7 Willcock Street
ARDROSS WA 6153
Phone: (08) 9316 3422; Fax: (08) 9316 4474
Email: admin@psychplace.com.au

(Alternatively, you could POST the completed application to the above address, if preferred)

Types of Membership:

*Full Membership

a. A person who holds a postgraduate Clinical Psychology degree **and** had been registered as a Specialist Clinical Psychologist with the Psychologists Board of WA prior to 18th October 2010 **and** from that date is duly endorsed as a Specialist Clinical Psychologist with the Psychology Board of Australia;

OR

b. A person who holds an APAC-accredited postgraduate Clinical Psychology degree **and** is endorsed as a Clinical Psychologist with the Psychology Board of Australia;

AND

c. Is currently in private practice working a minimum of 50% FTE

A full member is entitled to full voting rights.

*Associate Membership

a. A person who is registered with the Psychologists Board of Australia as a Clinical Psychologist Registrar and is not yet working in private practice, but intends to be within a reasonable time.

b. A person who qualifies as above in the Full membership category, but is not working at least 50% FTE in private clinical practice.

An Associate Member has no voting rights.