



**APPLICATION FORM FOR THE AUSTRALIAN COLLEGE OF
ADVANCED POSTGRADUATE PSYCHOLOGISTS Inc.**

Please print out the application form and send it completed with payment of relevant membership fee (money order or cheque) to: **The Australian College of Advanced Postgraduate Psychologists, PO Box 447, South Fremantle, WA 6162.** Or payment can be made by direct deposit into: Account Name: **ACAPP**

BSB No.: **016008,**

Account No.: **250159807**

If you use direct deposit, please make sure that you put your name in the reference box so we can track who the payment is from. Thank you

Please fill in the relevant sections and mark boxes with a cross.

Title:				
Professor	Dr	Ms	Mr	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name:				
Work Address 1				
Work Address 2				
Mobile No.:		Work No:		
Email address:				
Place of work and number of hours	Private Practice <input type="checkbox"/> _____	Public Sector <input type="checkbox"/> _____	University <input type="checkbox"/> _____	NGO <input type="checkbox"/> _____
Other (please indicate what and number of hours) <input type="checkbox"/> _____			OR Student/Registrar <input type="checkbox"/>	



Please list below your university training for undergraduate and post graduate psychology you have completed or are completing.		
University Degree	Name of Institution	Year completed
Two year post graduate specialist supervision	completed <input type="checkbox"/>	not completed <input type="checkbox"/>
Supervised by:	Dates	
Supervised by:	Dates	
Supervised by:	Dates	
Supervised by:	Dates	
Most recent two years (FTE) of specialist work after post graduate training		
Location	Dates	
Location	Dates	
Location	Dates	
Location	Dates	
I was registered with the WA Registration Board (before 1 st July 2010) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, with the specialist title of: _____		
I have been endorsed by the Psychology Board of Australia in the specialist area of practice of _____ _____		
<input type="checkbox"/> I wish to apply for full membership (\$200.00) <input type="checkbox"/> I wish to apply for associate membership (\$100.00)		



I hereby declare that the above information is accurate and correct.

Name (please print): _____

Signature: _____

Date: _____

Witness: (Name and signature) _____

Thank you for your application. On acceptance of application a certificate of membership will be sent to you and this will also act as a receipt for tax purposes.

Office use only:

Date received: _____

Date accepted: _____

Date payment received: _____

Registration Review: _____