

## APPLICATION FOR CPD CREDITS

<b>Applicant Name:</b>		
<b>Address:</b>		
<b>E-mail address:</b>		
<b>Telephone number:</b>		
<b>Title of Event:</b>		
<b>Venue for Event:</b>		
<b>Type of Event:</b> Conference    Workshop    Training course    CPD meeting <small>(Circle as appropriate)</small>		
<b>Contact / Presenter details to appear in <i>Irish Psychologist</i> and on PSI website:</b>		
<b>Proposed Date(s):</b>		<b>Duration:</b>
<b>Rationale for Event:</b>		
<b>Teaching Objectives:</b>		
<ul style="list-style-type: none"> <li>■</li> <li>■</li> <li>■</li> </ul>		
<b>Proposed Number of Attendees:</b>		
<b>Qualifications and prior experience necessary:</b>		
<b>Event Format:</b> (Lecture, workshop etc.)		
<b>Psychological Advisor:</b>		
<b>Outline of Psychological Content:</b>		
<b>Outline of Relevant Empirical Support:</b>		
<b>Presenter(s)</b>	<b>Qualifications</b>	<b>Affiliation/Professional Organisation</b>
1.		
2.		
3.		
4.		
5.		
<b>Method of Event Evaluation:</b>		
<b>Fees to be charged:</b>		
<b>Refund/Cancellation policy:</b>		

<b>For Office Use Only:</b> Date:	No. of Credits Awarded: <input style="width: 30px;" type="text"/>	Application Fee Paid: <input style="width: 30px;" type="text"/> Total: € <input style="width: 40px;" type="text"/>
Accepted: YES <input type="checkbox"/> NO <input type="checkbox"/>	PSI CPD Number: <input style="width: 100px;" type="text"/>	Signed: _____