

**Clinical Division
Psychological Society of Ireland**

MEMBERSHIP APPLICATION FORM

Please complete the enclosed form and return to

**Membership Secretary
Clinical Division
The Psychological Society of Ireland
CX House
2A Corn Exchange Place
Poolbeg Street
Dublin 2**

**For any further enquiries
clinicaldivision@psihq.ie**

Application form

- Section A and F – to be completed by ALL applicants
- Section B, C, D – to be completed as relevant for FULL membership
- Section E – to be completed by applicants for AFFILIATE membership

Full Membership is available to PSI members who:

- Hold a postgraduate qualification in clinical psychology recognised by the PSI (complete Section B)
- Have completed a minimum of 2 years in-service training as a clinical psychologist prior to 1987 (complete Section C)
- Hold a Statement of Equivalence in Clinical Psychology recognised by the PSI (complete Section B and D)

For administrative use only

Date application received

Ratified by clinical division committee on

Membership number

Payment received on.....

Application Form – Section A

I wish to become... a **FULL** member
 an **AFFILIATE** member

...of the Clinical Division of the Psychological Society of Ireland

Title: **Dr** **Mr** **Ms**

Name:

Address (home):

.....
.....
.....

Address (work):

.....
.....
.....

Tel No:

Email:

Title of present post:

Employer:

Preferred mailing address: **work** **home**

PSI membership number:

Section B – Postgraduate Qualification in Clinical Psychology

Postgraduate Training

1. Qualification awarded by a University Course or Diploma recognised by the Psychological Society of Ireland

UCD – DPsychSc or MPsychSc (Clinical Specialty)

TCD – DClInPsych or MSc (Clinical Psychology)

NUI Galway – DPsychSc

University of Limerick – DClInPsych

QUB – DClInPsych or MSc (Clinical Psychology)

PSI – Diploma in Clinical Psychology

BPS/EHB – Diploma in Clinical Psychology

2. Training completed on University Course outside Ireland

University attended

Duration of course

Degree awarded

Date degree awarded

PSI Diploma, registered from until

Sponsoring agency

Degree awarded

Date degree awarded

Section C – Details of In-service Training Experience in Clinical Psychology gained prior to 1987

In-service supervised training experience

Organisation supporting training

Dates of training duration

Date started	Date finished	Location	Supervisor

Section D – Statement of Equivalence

I have enclosed a copy of a Statement of Equivalence awarded by the Psychological Society of Ireland

Date awarded.....

Section E – Affiliate Membership

There are five criteria for application for affiliate membership. Please indicate under which below criteria you are applying.

- Psychologist in Clinical Training on training programme recognised by the Psychological Society of Ireland
 Programme Title
 Date started
 Date due to complete.....

- Clinical Psychologist who is awaiting processing of Statement of Equivalence

- A graduate member of the PSI studying for a higher degree in psychology based on research in the area of clinical psychology
 Course.....
 Supervisor

- A graduate member of the PSI working as an assistant psychologist under the supervision of a senior clinical psychologist
 Supervisor

- A graduate member of the PSI employed in a clinical area after 1987 who does not hold a recognised postgraduate qualification in clinical psychology

Section F – Referees

Referees must be paid up full members of the Clinical Division of the Psychological Society of Ireland

1. Name
- Address
-
-
- Employer
- Title of present post
- PSI membership no

I declare that to the best of my knowledge the information in this application is accurate and that I am a paid up member of the Psychological Society of Ireland and the PSI Clinical Division.

Signed

Date

2. Name
- Address
-
-
- Employer
- Title of present post
- PSI membership no

I declare that to the best of my knowledge the information in this application is accurate and that I am a paid up member of the Psychological Society of Ireland and the PSI Clinical Division.

Signed

Date

All applications for FULL membership must be accompanied by the following

Photocopy of Postgraduate Qualification

Photocopy of Statement of Equivalence (as indicated)

Declaration by Applicant

I declare that the information above is accurate and that I am a paid up member of the Psychological Society of Ireland.

Signed Date

Directory of Members

The Clinical Division compiles a directory of members that is available to PSI members. Please provide contact details below that you consent to have included in this directory (e.g. name, email, place of work):

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Do you work privately? Yes No

If yes, please provide contact details and areas of specialty to be listed in the directory of members (for FULL clinical division members only)

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