



Division of Educational Psychology

Membership Application Form

Name: _____

Mailing Address: _____

Contact telephone number: _____

Email address: _____

PSI membership number: _____

Are you a Registered Psychologist with PSI?

YES NO

Date of Registration: _____

Do you hold a Statement of Equivalence in Educational Psychology?

YES NO

Application for:

Full membership Affiliate membership

(Please refer to the attached membership rules)

WORK EXPERIENCE IN PSYCHOLOGY

Please list the employment/work experience that you have obtained in the general area of Educational Psychology in chronological order, starting with the first. Indicate your current appointment.

Notes

Job title or occupation
Indicate with a bracket or in some other way any appointments you have held (or hold) concurrently.

Dates
Give month and year. It will be assumed you were not working as a psychologist during any period not accounted for in your employment record.

Supervisor
Your Supervisor should be a Registered/Senior Educational Psychologist.

Please note: work experience in private practice must have been supervised by a Registered Psychologist for accreditation. The Division may request your supervisor to complete a short form confirming the amount of supervision you received

If the spaces provided are insufficient, please photocopy this page to accommodate additional information and attach the photocopied page to your application.

Job Title or Occupation			
Employer and address			
Full-time			
Part-time Hours per week Weeks per year			
Date from			
Date to			
Supervisor's Name			

QUALIFICATIONS IN PSYCHOLOGY

	First Degree or Diploma in Psychology, conferring Graduate Membership of PSI	Postgraduate Professional Qualification in Applied Psychology e.g. MA in Educational Psychology	Other relevant Postgraduate Qualification(s) in Psychology
Degree Obtained			
Name of University/College/other degree awarding authority			
Type of Study and Assessment Method			
Start Date. Completion Date Date Awarded.			

Notes about the row headings:

Degree obtained: Please give the full title of your degree with your honours classification, for example, BA 2(1) Hons.

Types of study and assessment methods: Full time/part time/distance learning. State whether your postgraduate qualification involved course work, empirical research, or some combination, and how it was assessed for example:

- Course work and examination
- 60% course and exam, 40% thesis
- Research and thesis
- Course work and continuous assessment

For office use only:

Application evaluated and countersigned by:

(1) _____ PSI no. _____

(2) _____ PSI no. _____

Date: _____

Membership rules

Membership of the Division is open only to graduate members of the Society. There are two categories of membership of the Division. These are as follows:

Full Membership

(a) That they hold a postgraduate professional qualification in Educational Psychology recognised by the Society

Or

(b) That they hold a Statement of Equivalence in Educational Psychology as recognised by the Society or that they have been deemed eligible by the Society to meet the criteria for a Statement of Equivalence in Educational Psychology

Affiliate Membership

(a) That they are students of a postgraduate training course in Educational Psychology

Or

(b) That they are, at the time of application, working in the area of Educational Psychology as recognised by the Division.

Membership fees:

Full membership = €20 per year

Affiliate membership = €12 per year

Please do not include payment with your Application Form.

Please return to: Shaun Adams, Division of Educational Psychology, Psychological Society of Ireland, CX House, 2A Corn Exchange Place, Poolbeg Street, Dublin 2