Division of Work and Organisational Psychology

DWOP Membership Application Form

Please complete this form and return to with copies of relevant certificates / academic transcripts, and the membership fee of €40 for Full Members. Affiliate Membership is free of charge.

The Membership Secretary

Division of Work and Organisational Psychology

The Psychological Society of Ireland

CX House

2A Corn Exchange Place

Poolbeg Street

Dublin 2

For further enquires, please contact Sheila Kennedy @

Phone: 353 - 1 - 4749160

Fax: 353 - 1 - 4749161

Email: **dwop@psihq.ie**

For further information visit the DWOP website at,

www.psihq.ie/members_dwop.asp

Please note that the information you provide will be deemed confidential to within members of DWOP and the PSI. Your details will not be passed on to third parties outside the society.

Categories of Membership **As outlined in the Rules for the Division of Work and Organisational Psychology (Section 3).**

Affiliate Membership **– Applicants who are studying, or have completed a relevant post graduate course recognised by the division, or, are a graduate PSI member with two years relevant work experience recognised by the division.**

Full Membership **- Applicants who are graduate members of the PSI, and have completed a recognised course of post graduate study, and have three years work experience recognised by the division. Or, graduate members who have five years work experience recognised by the division.**

Personal Details

Having read the rules of the division, and terms of ethical conduct, I wish to apply to become a member of the Division of Work and Organisational Psychology. Please tick the membership type you wish to apply for. Please PRINT information.

Affiliate Member ☐ Full Member ☐

Title ☐ Prof ☐ Dr ☐ Ms ☐ Mr

Name _____

Address (Please tick which mailing address you'd prefer).

Home ☐ _____

_____

_____

Tel. No. _____

Mob. _____

E-mail _____

Work ☐ _____

_____

_____

Tel. No. _____

Fax _____

E-mail _____

PSI Membership No. _____

Are you a ☐ registered, and or ☐ chartered psychologist (BPS) No ☐ Yes ☐

If Yes, give registration number, and year of accreditation _____/_____

Are you a member of any other division of the PSI. No ☐ Yes ☐

If Yes, give details _____

Are you a member of any other psychological or related society No ☐ Yes ☐

If Yes, give details 1. _____

2. _____

3. _____

Relevant Academic Credentials

(Please attach copies of certificates / academic transcripts)

Degree Type (E.g. M.Sc., B.A.)		**Year Conferred**	
Name of Course			
Name of Institution / University			
Thesis / Dissertation Title			

Degree Type (E.g. M.Sc., B.A.)		**Year Conferred**	
Name of Course			
Name of Institution / University			
Thesis / Dissertation Title			

Degree Type (E.g. M.Sc., B.A.)		**Year Conferred**	
Name of Course			
Name of Institution / University			
Thesis / Dissertation Title			

Please continue overleaf if necessary.

Relevant Professional / Certified Qualifications

Institution			
Course Title			
Duration		**Year**	

Institution			
Course Title			
Duration		**Year**	

Institution			
Course Title			
Duration		**Year**	

Please continue overleaf if necessary.

Research Interests and Areas of Professional Competency.

E.g. Organisational Design / Theory & Behaviour, Change Management, Social Psychology of Work, Health Psychology, Human Performance, Human Resources, Research Methods, and Psychometrics.

Relevant Work Experience (Starting with the most recent)

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Relevant Information in Support of Your Application.

I declare the information provided here to be true, and agree to abide by the rules of the division, and the codes of conduct as outlined by the Psychological Society of Ireland.

Signed _____ *Date* _____/_____/_____

Referees

Please insert the names of two referee's who must be existing full members of the PSI, and one must be a current member of DWOP.

1 Title_____ Name _____

Address _____

_____

_____

Contact No _____

Employer / Work status_____

Occupational Title _____

PSI Membership No. _____

_____

2 Title_____ Name _____

Address _____

_____

_____

Contact No _____

Employer / Work status _____

Occupational Title _____

PSI Membership No. _____

For Official Use Only

Date Received / /	Copies of Certificates Attached ☐
Payment Received & Correct ☐	Reviewed by Division on / /
Referee's Checked (1) / /	(2) / /
Membership Approved ☐ (No.) Refused ☐	
Reason for refusal _____	