

**THE PSYCHOLOGICAL SOCIETY OF IRELAND**

**Cumann Síceolaithe Éireann**

**CX House, 2A Corn Exchange Place, Poolbeg Street, Dublin 2.**

**Tel: 01 - 4749160**

**Fax: 01 - 4749161**

**Email: [info@psihq.ie](mailto:info@psihq.ie)**

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# **DIVISION OF HEALTH PSYCHOLOGY**

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## **INFORMATION AND APPLICATION FORM FOR AFFILIATE MEMBERSHIP OF THE DIVISION OF HEALTH PSYCHOLOGY**

### **Affiliate Membership Rules**

1. Affiliate membership of the Division of Health Psychology is open to graduate PSI members or other subscribers of the Society who fulfil one of the following conditions:

- (a) Currently studying a relevant postgraduate training course in the area of Health Psychology.
- (b) Currently engaged in an area of work related to Health Psychology recognised for this purpose by the Division Committee.

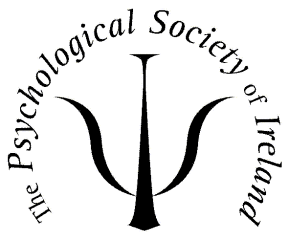
2. Applications for affiliate membership shall be made to the Division of Health Psychology Committee. Please send your application, with subscription fee of €20 (cheques made payable to the Division of Health Psychology) to: THE SECRETARY, DIVISION OF HEALTH PSYCHOLOGY, PSYCHOLOGICAL SOCIETY OF IRELAND, CX HOUSE, CORN EXCHANGE PLACE, DUBLIN 2. In the event that an application is not accepted by the Committee, the cheque shall be returned.

3. Affiliates of the Division are not entitled to hold positions of office; however, they are entitled to become members of the Committee.

### **Application for Affiliate Membership of the Division of Health Psychology**

#### **SECTION 1: YOUR DETAILS**

Name:	
PSI Membership Number:	
Correspondence Address:	
E-mail address:	
Day time telephone	



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### SECTION 2: STUDYING HEALTH PSYCHOLOGY

Are you currently studying a relevant postgraduate training course in the area of Health Psychology? (Y/N) <i>If yes, please give details, including:</i>	
<b>a. Type of qualification:</b>	
<b>b. Institution:</b>	
<b>c. Number of years of study completed:</b>	
<b>c. Details about topic of research (for PhD students):</b>	

### SECTION 3: WORKING IN THE AREA OF HEALTH PSYCHOLOGY.

Are you currently working in the area of Health Psychology? (Y/N) <i>If yes, please give details as follows:</i>	
<b>a. Job title:</b>	
<b>b. Employer:</b>	
<b>c. Number of years working in this position:</b>	
<b>d. Job description (please give details of your job to enable the committee to assess its relevance to Health Psychology):</b>	