



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

APPLICATION FOR ASSOCIATE FELLOWSHIP

Please read the following notes carefully before completing each page of this form.

Application for Associate Fellowship shall be made to the Council. The Council may admit to Associate Fellowship such eligible applicants as it deems fit.

An applicant for Associate Fellowship shall be a Graduate Member of the Society and shall in addition satisfy the Council that he/she is professionally competent and has at least four years relevant wholetime experience, or an equivalent period part-time, in work in the area of psychology.

An application for Associate Fellowship shall be signed by two Fellows or Associate Fellows who may be required to attest that the applicant meets the requirements for Associate Fellowship.

Associate Fellowship may be cited as a professional qualification and the prescribed abbreviations to indicate Associate Fellowship are AFPsSI.

This application form should only be returned to the Society when the applicant is satisfied that the form as completed by them, has also been completed by each referee. The Society will not accept photocopies from referees.

Applicants are asked to keep a photocopy of their completed application form for their own records.

The completed form should be returned to:

The Psychological Society of Ireland, CX House, 2A Corn Exchange Place, Dublin 2.

FEES

A non-returnable scrutiny fee of €150.00 is enclosed

Scrutiny fees are non-returnable

There is no extra annual fee.

Notes

If references, certificates or abstracts accompanying this application are in any language other than English or Irish, you must provide authenticated translations.

If you have made previous unsuccessful applications for Associate Fellowship, it would be helpful if you can send a copy of the letter explaining why you could not be elected.

Membership numbers appear on the Irish Psychologist address labels.

Title _____ Name(s) _____ Applicant's Surname _____

Mr. Mrs. Miss Ms Dr. Professor Other _____
Please specify

First Name(s) _____

Surname _____

Date of Birth

Day	Month	Year

PSI Membership Number

Previous Surname, if any _____

Please show surname which appears on relevant certificates if it differs from what you use now.

Address (to which all correspondence should be sent)

Telephone _____ Email _____

Have you ever been refused membership of a psychological society? Yes No

If yes, please enclose details.

Have you been the subject of disciplinary proceedings by any professional body? Yes No

If yes, please enclose details.

Have you ever been convicted of a criminal offence? Yes No

If yes, please enclose details.

Do you know of any reason why you should not be admitted to Associate Fellowship? Yes No

If yes, please enclose details.

I declare that, to the best of my knowledge and belief, the foregoing statements are true.

Signed _____ **Date** _____

QUALIFICATIONS IN PSYCHOLOGY

Please list all your degrees and qualifications in psychology.
Please give them in chronological order, starting with the first.

Notes

Title of the course

Please give the full title of your degree exactly as shown on the degree certificate including such descriptions as Joint Honours or Combined Studies.

Degree and grade obtained

Please give the abbreviated title of your degree with your honours classification, for example, BA 2(1) Hons, MPsychSc, PhD.

Type of study and assessment methods

Show whether your degree involved course work, empirical research, or some combination, and how it was assessed, for example:

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

Full title of the course as named by the degree-awarding authority				
Degree and grade obtained				
Type of study and assessment methods				
Name of University, Institute, College or other degree-awarding authority				
Date awarded				
Had the course been accredited by PSI?				

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

THESES OR DISSERTATIONS PRESENTED

Notes

Please give details of any theses or dissertations submitted in part-fulfillment of the requirements for degrees and qualifications you hold in psychology.

The Society may have to determine if a subject is recognizably Psychology and that the supervisor and examiners were psychologists.

Example:

<i>Qualification</i>	<i>PhD</i>
<i>Title</i>	<i>Managerial Style and Information Processing Techniques</i>
<i>Supervisor</i>	<i>Dr. Arthur R. Smith, FPsSI</i>
<i>External Examiner</i>	<i>Professor Seán B. O'Ne</i>

Qualification _____
Title of thesis or dissertation _____
Supervisor _____
External Examiner(s) _____

Qualification _____
Title of thesis or dissertation _____
Supervisor _____
External Examiner(s) _____

Please send a copy of the abstract of the theses or dissertations presented.

If you wish the Council to take account of more than two qualifications for which you submitted a thesis or dissertation, you may include the details on a photocopy of this page which should be attached to your application.

EMPLOYMENT RELEVANT TO PSYCHOLOGY

Please list the appointments that you have held since obtaining your psychology qualifications 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.

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

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.

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

PROFESSIONAL COMPETENCE AND EXPERIENCE

Indicate here aspects of your professional competence and experience that you wish to highlight for the Council in the context of the requirement for Associate Fellowship as set out on page 1 of this form, e.g. appointments and publications.

You may attach additional information, such as your CV, if you wish.

Additional information attached

Yes

No

PROPOSERS FOR ASSOCIATE FELLOWSHIP

Notes

Applicants should ensure that their two proposers for Associate Fellowship are themselves Fellows or Associate Fellows of the Society.

Each proposer is asked to attest that the applicant meets the requirements for Associate Fellowship of the Society.

PSI Membership numbers appear on the Irish Psychologist address labels. If proposers do not know their membership number, they should give enough information to allow for identification.

To be completed by the applicant's first proposer for Associate Fellowship who should read the above notes.

Having read this application, I propose _____ for <small>APPLICANT'S NAME</small>
Associate Fellowship of The Psychological Society of Ireland.
I certify that, to the best of my knowledge and belief, the information the applicant has given is correct.
First proposer's name _____
Address _____
PSI Membership Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Membership Grade: Fellow <input type="checkbox"/> Associate Fellow <input type="checkbox"/>
Signature _____ Date _____

To be completed by the applicant's second proposer for Associate Fellowship who should read the above notes.

Having read this application, I propose _____ for <small>APPLICANT'S NAME</small>
Associate Fellowship of The Psychological Society of Ireland.
I certify that, to the best of my knowledge and belief, the information the applicant has given is correct.
Second proposer's name _____
Address _____
PSI Membership Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Membership Grade: Fellow <input type="checkbox"/> Associate Fellow <input type="checkbox"/>
Signature _____ Date _____