



THE PSYCHOLOGICAL SOCIETY OF IRELAND

Cumann Síceolaithe Éireann

Floor 2, Grantham House, Grantham Street, Dublin 2.

Tel: 01 – 4720105 Fax: 01 – 4244051 Email: info@psihq.ie

APPLICATION AND NOMINATION FOR FELLOWSHIP

Please make sure you read the **Guidelines for PSI Fellowship** carefully before completing each page of this form.

Application or nomination for Fellowship shall be made to the Council. The Council may admit to Fellowship such eligible applicants or nominees as it deems fit. Refer to Articles 8.4, and 8.6 in the Guidelines.

An applicant or nominee for Fellowship shall be an Associate Fellow of the Society. See details in Article 8.2.

Nominations for Fellowship may be made to Council, where two Fellows or Associate Fellows are of the opinion that another Associate Fellow fulfils the conditions of Article 8.3. Responsibility for establishing eligibility will rest with the nominators. An application or nomination for Fellowship shall be signed by two Fellows or Associate Fellows who may be required to attest that the applicant or nominee meets the requirements for Fellowship. Refer to Articles 8.3 and 8.5 in the Guidelines. Article 8.3 is also quoted on page 6 of this form.

Fellowship may be cited as a professional qualification and the prescribed abbreviations to indicate Fellowship are FPsSI. Applicants or nominees are asked to keep a photocopy of their completed application form for their own record.

The completed form should be returned to:

Honorary Secretary, Psychological Society of Ireland, Floor 2, Grantham House, Grantham St, Dublin 2.

FEES

A non-returnable once off 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 Fellowship or a previous nomination has not been accepted, it would be helpful if you can send a copy of the letter explaining why you could not be elected.

FOR OFFICE USE ONLY

Date

Signature

Received: _____

Fee/Proposers: _____

BPC: _____

Acknowledged: _____

Council 1: _____

Council 2 (Ballot): _____

Notified _____

Any personal information which you volunteer to PSI will be treated with the highest standards of security & confidential in accordance with the Data Protection Acts, 1988 & 2003

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

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

Applicant's

Date of Birth

Day	Month	Year

PSI Membership Number

□	□	□	□
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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 _____

Are you an Associate Fellow of The Psychological Society of Ireland? Yes No

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 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,
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, photocopy this page to accommodate additional information and attach the photocopied page to your application or nomination form.

THESES OR DISSERTATIONS PRESENTED

Give details of any theses or dissertations submitted in part-fulfillment of the requirements for degrees and qualifications you hold in psychology. Enclose a copy of the abstract(s): Yes

Qualification _____	Date _____
Title of thesis or dissertation _____	
Supervisor's name _____ Position _____	
Supervisor's address & contact details _____	
External Examiner(s): Name, Position, Address, Contact details: _____	
I have provided information to demonstrate that the Supervisor is identifiable as a psychologist. Yes <input type="checkbox"/>	
I have provided information to demonstrate that an External Examiner is identifiable as a psychologist. Yes <input type="checkbox"/>	

Qualification _____	Date _____
Title of thesis or dissertation _____	
Supervisor's name _____ Position _____	
Supervisor's address & contact details _____	
External Examiner(s): Name, Position, Address, Contact details: _____	
I have provided information to demonstrate that the Supervisor is identifiable as a psychologist. Yes <input type="checkbox"/>	
I have provided information to demonstrate that an External Examiner is identifiable as a psychologist. Yes <input type="checkbox"/>	

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

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.

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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 requirements for Fellowship as set out in the Article of Association 8.3 below, including experience, qualifications, appointments, publications, contributions to the advancement of psychological knowledge and skills, and contributions to the practice of psychology.

8.3 An applicant or nominee for Fellowship shall in addition satisfy the Council that he or she has at least ten years professional experience in psychology and either: (a) has made a substantial contribution to the Society, (b) possesses superior psychological knowledge and skills, (c) has made an important contribution to the advancement of psychological knowledge, or (d) has made an important contribution to the advancement of the practice of psychology.

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

Additional information attached

Yes

No

PROPOSERS/NOMINATORS FOR FELLOWSHIP

- Applicants/Nominees should ensure that their two proposers/nominators for Fellowship are themselves Fellows or Associate Fellows of the Society.
- Each proposer/nominator is asked to attest that the applicant meets the requirements for Fellowship of the Society.
- If proposers/nominators do not know their membership number, they should give enough information to allow for identification.

To be completed by the applicant/nominee's first proposer/nominator for Fellowship who should read the application.

Having read this application, I propose _____ for	
<small>APPLICANT'S NAME</small>	
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 Level: Fellow <input type="checkbox"/> Associate Fellow <input type="checkbox"/>
Signature _____	Date _____

To be completed by the applicant/nominee's second proposer/nominator for Fellowship who should read the application.

Having read this application, I propose _____ for	
<small>APPLICANT'S NAME</small>	
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 Level: Fellow <input type="checkbox"/> Associate Fellow <input type="checkbox"/>
Signature _____	Date _____