



THE PSYCHOLOGICAL SOCIETY OF IRELAND

Cumann Síceolaithe Éireann

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

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APPLICATION FOR REGISTERED MEMBERSHIP 2011

Applicants for Registered Membership should carefully read the current Guidelines for Registered Membership 2011 and the Society's Memorandum and Articles of Association for the criteria for Registered Membership. Refer to the Guidelines for Registered Membership in regard to the two routes to gaining Registration, Route 2.2(i) and Route 2.2 (ii):

2.2 The criteria for registered membership stated in the Memorandum and Articles of Association are:

With effect from 1st June 2009, an entrant to the register must be a Graduate Member of the Society, and must hold

2.2 (i) an accredited postgraduate professional qualification in psychology or equivalent and four years experience inclusive of any time spent undertaking the postgraduate qualification;

or

2.2 (ii) a research doctoral degree in psychology in which the thesis was clearly on a psychological topic and both a research supervisor and an examiner were identifiable as psychologists.

An applicant for Registration is applying to join the Register of psychologists maintained by the Society. The application must be supported by two or more referees/supervisors who have direct knowledge of the applicant's work and who can attest to the study/training/experience, supervision and level of competence claimed by the applicant. The referees/supervisors should normally be registered psychologists of The Psychological Society of Ireland.

In the case of applicants from abroad, supervisors should be registered or licensed psychologists in the country in which they work. The applicant must also meet the criteria for registration or license status in the country in which they work as a psychologist.

Applicants who cite post graduate degrees must send official transcripts of such degrees. Official transcripts in this context, are interpreted as original transcripts signed by the university. The Society will accept photocopies of degree and qualification certificates but reserve the right to have sight of the actual certificate rather than a photocopy.

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 supervisor. The Society will not accept photocopies from referees/supervisors. Applicants are advised to retain a copy of their completed application form.

The completed form should be returned to:

The MQRC, The Psychological Society of Ireland, 2nd Floor, Grantham House, Grantham Street, Dublin 2.

FEES

A non-returnable scrutiny fee of €150.00 is enclosed

Scrutiny fees are non-returnable

An annual registration fee of €70.00 is payable with your graduate membership renewal fees. This does not apply to the first year's registration.

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 _____

I consent to my name and contact details appearing on the list of PSI Registered Psychologists made available on the PSI website to the public Yes No

Have you ever been a Registered Member of the Society? Yes No

If yes, please indicate year of registered membership. _____

(Please note that you only need to complete pages 1 through to 6 of this form if you have already been a Registered member of the Society)

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 granted Registration? 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
Indicate 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 Started				
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

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.

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 the Registered Psychologist who supervised your work in psychology. For details regarding your supervision, please refer to the 2011 Guidelines for Registered Membership

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

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

Details of Research Doctoral Degree undertaken

2.2 (ii) Route: *With effect from 1st June 2009, an entrant to the register must be a Graduate Member of the Society, and must hold a research doctoral degree in psychology in which the thesis was clearly on a psychological topic and both a research supervisor and an examiner were identifiable as psychologists.*

The Society may have to determine if a thesis is clearly on a Psychological topic and that a supervisor and an examiner are identifiable as psychologists.

Qualification _____	Date Awarded: _____
Title of thesis _____	

Name of Research Supervisor _____	Position _____
Supervisor's address and contact details _____	

I have provided information to demonstrate that the Supervisor is identifiable as a psychologist <input type="checkbox"/>	
Name of Examiner _____	Position _____
Examiner's address and contact details _____	

I have provided information to demonstrate that the Examiner is identifiable as a psychologist <input type="checkbox"/>	

Enclose a copy of the abstract of the thesis presented.

In addition, please provide a structured summary of the thesis, 250 to 400 words in length using the guidelines below:

- Objectives: State the objective of the research and the main hypotheses or questions addressed
- Design: Describe the design specifying the number of groups studied, and the number of occasions on which data were collected from these groups
- Methods: State if quantitative or qualitative methods were used. Specify the number and characteristics of participants; the assessment instruments, psychological tests or special apparatus used; and the procedures followed during data collection
- Results: Give the main results. Numerical data may be given briefly
- Data analysis: State the way qualitative data were processed or the statistics used to analyse quantitative data
- Conclusions: State the conclusions from the research and the implications of these for practice, policy development and further research.

APPLICATION AND UNDERTAKING

I apply for entry to the Society's Register of Psychologists in Ireland

If accepted, I undertake to comply with the Memorandum and Articles of Association of the Society (including Regulations concerning the form and keeping of the Register of Psychologists) and to comply with the Code of Professional Ethics.

While I am a Member of the Society, I undertake to advance the aims of the Society as far as I can.

I undertake that, on receiving a notice from the Honorary Secretary that, in accordance with one or more articles of the Memorandum and Articles of Association, that I am no longer a Member of the Society, I will immediately cease to use any privileges of membership and will return any books, papers, certificates or other property belonging to the Society, or for which the Society is responsible, in my possession or entrusted to me.

I confirm that, to the best of my knowledge and belief, the information I have given is correct and that I am a fit person to belong to the Society.

Signed _____ Date _____

Notes

Documents:

The Society cannot accept responsibility for valuable documents entrusted to the post. Please send photocopies only of certificates. Original transcripts of courses are required.

Modular or Open University degrees

Please send a transcript or other authoritative document from the college or university certifying that you have passed the appropriate courses in support of your application.

Translations

If references, certificates or abstracts are sent in any language other than English or Irish, applicants must provide authenticated translations of the documents.

Registered Psychologists are reminded that their current Certificate of Registration remains the property of the Society. The certificate should be returned if a psychologist's name is removed from the Register for any reason.

Checklist of items for the attention of applicants

Please tick to confirm.

- Have you read the current Guidelines for Registered Membership?
- Separate sheets you may decide to attach.
- Photocopies, not originals, of degree and qualification certificates.
 - Official transcripts of degree and qualifications obtained at postgraduate level.
 - Research Doctoral Degree Thesis abstract
 - Structured summary of Research Doctoral Degree thesis
- In the case of applicants from abroad, evidence of membership, registration or licensing from the applicant's national society, registration or licensing board.
 - Authenticated translations in English language provided, if relevant
- Supervisors' reports
- The correct fee
- Have you completed all pages relevant to your application?
- Have you made a copy of your completed application?

VERIFICATION OF QUALIFICATIONS AND SUPERVISED WORK EXPERIENCE

Your application will not be processed unless the following pages are carefully completed and signed by appropriate referees.

Each period of study/training/experience that supports your application for Registered Membership of PSI must be verified by a referee who supervised or had direct experience of that period.

Please refer to the current Guidelines for Registration for more detailed information.

Use a separate page for each postgraduate qualification/period of study/training.
Page 8 is for periods of postgraduate professional study/training [2.2 (i) route].
Pages 9 & 10 are for periods of Research Doctoral Degree [2.2 (ii) route].

Use a separate page for each period of supervised work.
Pages 11 & 12 are for periods of supervised work as a psychologist.

Note: If you require extra copies of pages 8 to 12, you may photocopy the necessary pages before bringing the form to individual sponsors. Make sure that extra pages are securely attached to the rest of your application.

VERIFICATION OF QUALIFICATIONS

2.2(i) ROUTE: *With effect from 1st June 2009, an entrant to the register must be a Graduate Member of the Society, and must hold an accredited postgraduate professional qualification in psychology or equivalent and four years experience inclusive of any time spent undertaking the postgraduate qualification.*

A. To be completed by the Applicant

Name of Applicant _____

Postgraduate Study/Training _____
Give name of course/college/awarding body

Dates of Training: From _____ To _____

Qualification _____ Date of Award _____

Area of Applicant's Speciality: Clinical Educational Counselling Other _____
Please specify

B. To be completed by the Course Director/Another PSI Registered Psychologist who supervised the applicant

The applicant has set out above the period during which you had direct experience of his/her post-graduate study/training. Please read the information carefully before appending your signature.

I support _____'s application for Registered Membership of the Society on the basis of the study/training detailed above, and confirm that the applicant undertook the above study/training between the dates indicated, that the study/training was in the area of psychology, and that the applicant performed the study/training in a professional and competent manner.

Name _____
Block capitals please

Are you a member of PSI? Yes No PSI Membership No.

Signed _____ Date _____

Organisation, address and contact details _____

Psychology position held _____

Are you a Registered Member of the Psychological Society of Ireland? Yes No

* In the case of applicants who obtained their qualifications overseas, supervisors should indicate their status within the psychological society of their own country.

Name of Psychological Society _____

Status _____

VERIFICATION OF QUALIFICATIONS

2.2(ii) ROUTE: *With effect from 1st June 2009, an entrant to the register must be a Graduate Member of the Society, and must hold a research doctoral degree in psychology in which the thesis was clearly on a psychological topic and both a research supervisor and an examiner were identifiable as psychologists.*

A. To be completed by the Applicant

Name of Applicant _____

Postgraduate Study/research _____
Give name of course/college/awarding body

Dates of study/research: From _____ To _____

Qualification _____ Date of Award _____

Area of Applicant's Speciality: Clinical Educational Counselling Other _____

B. To be completed by the Research Doctoral Degree Supervisor*

The applicant has set out above the period during which you had direct experience of his/her post-graduate study/research. Please read the information carefully before appending your signature.

I support _____'s application for Registered Membership of the Society on the basis of the study/research detailed above, and confirm that the applicant undertook the above study/research between the dates indicated, that the study/research was in the area of psychology, and that the applicant performed the study/research in a professional and competent manner.

Name _____
Block capitals please

Are you a member of PSI? Yes No PSI Membership No.

Signed _____ Date _____

Organisation, address and contact details _____

Psychology position held _____

Are you a Registered Member of the Psychological Society of Ireland? Yes No

Please attach information to demonstrate that you are identifiable as a psychologist, if you are not a member of PSI.

In the case of applicants who obtained their qualifications overseas, supervisors should indicate their status within the psychological society of their own country.

Name of Psychological Society _____

Status _____

**Note: Research Doctoral Degree supervisors must verify that they have supervised and had direct experience of the research cited by the applicant.*

VERIFICATION OF QUALIFICATIONS

2.2(ii) ROUTE: *With effect from 1st June 2009, an entrant to the register must be a Graduate Member of the Society, and must hold a research doctoral degree in psychology in which the thesis was clearly on a psychological topic and both a research supervisor and an examiner were identifiable as psychologists.*

A. To be completed by the Applicant

Name of Applicant _____

Postgraduate Study/research _____
Give name of course/college/awarding body

Dates of Study/research: From _____ To _____

Qualification _____ Date of Award _____

Area of Applicant's Speciality: Clinical Educational Counselling Other _____

B. To be completed by a Research Doctoral Degree Examiner

The applicant has set out above the period during which you had direct experience of his/her post-graduate study/research. Please read the information carefully before appending your signature.

I support _____'s application for Registered Membership of the Society on the basis of the study/research detailed above, and confirm that the applicant undertook the above study/research between the dates indicated, that the study/research was in the area of psychology, and that the applicant performed the study/research in a professional and competent manner.

Name _____
Block capitals please

Are you a member of PSI? Yes No PSI Membership No.

Signed _____ Date _____

Organisation, address and contact details _____

Psychology position held _____

Are you a Registered Member of the Psychological Society of Ireland? Yes No

Please attach information to demonstrate that you are identifiable as a psychologist, if you are not a member of PSI.

In the case of applicants who obtained their qualifications overseas, examiners should indicate their status within the psychological society of their own country.

Name of Psychological Society _____

Status _____

VERIFICATION OF SUPERVISED WORK EXPERIENCE AS A PSYCHOLOGIST

2.2 (i) ROUTE: *With effect from 1st June 2009, an entrant to the register must be a Graduate Member of the Society, and must hold an accredited postgraduate professional qualification in psychology or equivalent and four years experience inclusive of any time spent undertaking the postgraduate qualification.*

A. To be completed by the Applicant

Employer's Name and
Official Job Title/Occupation _____

Duties/Key Skills _____
List duties and key skills acquired

Date From _____ To _____ Full Time Part Time

If part time please specify the hours per week _____ Weeks per year _____

Name of Supervisor _____

Supervision Arrangements (frequency, duration) _____

B. To be completed by the Supervisor

The applicant has set out above the period during which you had direct experience of his/her work. Please read the information carefully before appending your signature.

I support _____'s application for Registered Membership of the Society on the basis of the work detailed above, and confirm that the applicant undertook the above duties between the dates indicated, that the work was in the area of psychology, and that the applicant performed the duties in a professional and competent manner. I also confirm meeting the supervisory requirements as set out in the Guidelines for Registration 2010.

*Supervisor's Name _____ PSI Membership No.

Signed _____ Date _____

Organisation, address and contact details _____

Psychology position held _____

Are you a Registered Member of the Psychological Society of Ireland? Yes No

* In the case of applicants who obtained their qualifications overseas, supervisors should indicate their status within the psychological society of their own country.

Name of Psychological Society _____

Status _____

Notes

Supervisors in support of an application for Registered Membership must themselves be Registered Members of PSI. Supervisors must verify that they have supervised and had direct experience of the period of work cited by the applicant.

VERIFICATION OF SUPERVISED WORK EXPERIENCE AS A PSYCHOLOGIST

2.2 (i) ROUTE: *With effect from 1st June 2009, an entrant to the register must be a Graduate Member of the Society, and must hold an accredited postgraduate professional qualification in psychology or equivalent and four years experience inclusive of any time spent undertaking the postgraduate qualification.*

A. To be completed by the Applicant

Employer's Name and
Official Job Title/Occupation _____

Duties/Key Skills _____
List duties and key skills acquired

Date From _____ To _____ Full Time Part Time

If part time please specify the hours per week _____ Weeks per year _____

Name of Supervisor _____

Supervision Arrangements (frequency, duration) _____

B. To be completed by the Supervisor

The applicant has set out above the period during which you had direct experience of his/her work. Please read the information carefully before appending your signature.

I support _____'s application for Registered Membership of the Society on the basis of the work detailed above, and confirm that the applicant undertook the above duties between the dates indicated, that the work was in the area of psychology, and that the applicant performed the duties in a professional and competent manner. I also confirm meeting the supervisory requirements as set out in the Guidelines for Registration 2010.

*Supervisor's Name _____ PSI Membership No.

Signed _____ Date _____

Organisation, address and contact details _____

Psychology position held _____

Are you a Registered Member of the Psychological Society of Ireland? Yes No

* In the case of applicants who obtained their qualifications overseas, supervisors should indicate their status within the psychological society of their own country.

Name of Psychological Society _____

Status _____

Notes

Supervisors in support of an application for Registered Membership must themselves be Registered Members of PSI. Supervisors must verify that they have supervised and had direct experience of the period of work cited by the applicant.