The New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

PsychDirect

An Internet-based Referral System for Practitioners

At the National Office we regularly receive a number of calls from the public and other health professionals who are seeking a registered psychologist in their area. We direct people to the PsychDirect referral service on the Society's website which is a fast, easy way for anyone - the public, GPs, other psychologists, and agencies, to find a psychologist in private practice.

PsychDirect is linked directly from the NZPsS Home page via the menu item "Find a Psychologist". The listings on PsychDirect are available to NZ Registered, Full Members of the Society with a current Annual Practising Certificate, offering private psychology services in New Zealand who have subscribed to this service.

PsychDirect is searchable by psychology work area, geographic location, and client type and/or psychologist surname. "Additional languages spoken" is a further option which is very helpful when looking for help with specific cultural requirements.

The annual subscription cost for this service is $60.00 (incl GST) and new subscribers can join at any time. If you wish to subscribe to this service please fill in the form provided in this handbook and return to the National Office.

The service is provided on the basis that the New Zealand Psychological Society is not liable for any loss or damage arising out of any reliance, in part or in full, upon the PsychDirect database contents for any purpose whatsoever.

For inquiries please contact the Membership Administrator.

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'PSYCHDIRECT' Subscription Form

1. Personal Details

a) First Name: _____ Last Name: _____

b) Registration Number: _____ Scope of Practice: _____

c) Qualifications: _____

d) Professional Memberships: _____

e) Hourly Fee (GST incl): _____

2. Practice (where practice is PHYSICALLY LOCATED and contact details)

a) Geographic Location (please choose the general location/s from the list below & write in the space provided):

Northland, Whangarei, Rodney, North Shore, West Auckland, Central Auckland, East Auckland, Counties Manukau, Waikato, Thames/Coromandel, Hamilton, Bay of Plenty, Tauranga, Whakatane, Rotorua, Taupo, King Country, Central Plateau, Te Awamutu, Taranaki, New Plymouth, Wanganui, Manawatu, Palmerston North, Wairarapa, East Coast/Tairawhiti, Gisborne, Hawkes Bay, Napier, Hastings, Kapiti Coast, Hutt Valley, Wellington, Nelson, Marlborough, West Coast, Canterbury, Christchurch, Timaru, Otago, Dunedin, Queenstown, Southland, Invercargill

_____

b) Street : _____

c) Suburb: _____

d) Town/City: _____

e) Telephone number: (____) _____

f) Email address: _____

3. Languages

Do you offer psychological services in any language other than English:

_____

4. Client Type

Circle as many items as you wish:

a) Infant (0-1 years)
b) Pre-School (2-4 years)
c) Child (5-12 years)
d) Adolescent
e) Adult
f) Older Adult
g) Couple
h) Family
i) Organisation

5. Client Issues (psychological work area)

The issues below reflect the most commonly requested; they are not intended to be a comprehensive representation of all possible psychological services. Ethically, members should select only those items with which they are competent to deal. Please circle the number in front of the items.

Mental Health

1) Attention Deficit Hyperactivity Disorder (ADHD)
2) Anxiety & phobias
3) Asperger's syndrome
4) Autism
5) Depression
6) Dissociative identity disorder
7) Eating disorders
8) Gender/Sexual identity disorders
9) Mental illness
10) Obsessive – Compulsive disorder (OCD)
11) Personality disorders
12) Post-natal depression

General Health

13) Health-related problems
14) Infertility issues
15) Pain management
16) Rehabilitation/injury counselling
17) Relaxation
18) Sleeping Disorders
19) Stress management
20) Terminal illness
21) Weight management

Relationships

22) Conflict resolution
23) Couples therapy
24) Cross-cultural
25) Divorce/separation
26) Parenting
27) Relationships

Personal

28) Anger management
29)Assertiveness training
30) Behaviour problems
31) Gay/lesbian issues
32) Grief & bereavement
33) Life transition & adjustment issues
34) Motivation in sport
35) Self-esteem & self development
36) Sexual difficulties
37) Shyness & social skills deficits
38) Sport performance anxiety

Trauma/Harm

39) Bullying
40) Critical Incident Stress Debriefing
41) Cult involvement
42) Domestic violence
43) Post Traumatic Stress Disorder (PTSD)
44) Sexual abuse
45) Suicide
46) Victim of crime

Assessments

47) Assessment/measurement in sport
48) Impairment assessment
49) Neuropsychological assessment
50) Personality assessment
51) Psychopathology assessment
52) Vocational assessment & career issues

Educational

53) Academic performance
54) Intellectual assessment
55) Intellectual disability
56) Learning difficulties

Addictions

57) Gambling
58) Smoking cessation
59) Substance abuse

Work/Community

60) Community consultation/evaluation
61) Executive coaching
62) Human resource management
63) Leadership
64) Organisational restructuring
65) Performance management
66) Personnel selection
67) Work stress

Legal

68) ACC
69) Criminal behaviour
70) Family court issues
71) Legal report
72) Management of offenders
73) Sex offenders
74) Professional Supervision
75) Kaupapa Maori

If you can treat other issues or syndromes, describe briefly below

_____

_____

_____

6. Keynote Statement (main service offered)

_____

_____

_____

7. Modalities (which technique, approach)

_____

_____

_____

_____

8. Background (for additional information)

_____

_____

_____

Declaration

I hereby declare that:
All information supplied in this form is true to the best of my knowledge, and I am competent to deal with the categories indicated above.

Signature: _____

*Date:*_____

Payment Details

Payment amount $60.00

☐ CHEQUE Make payable to: NZ Psychological Society

☐ CREDIT CARD complete the following details:

☐ Visa ☐ Mastercard

Card Number: ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/

Cardholder Name …… Expiry Date ……../……

Cardholder's Signature ……

Return your completed forms together with your payment to:

Membership Administrator
NZ Psychological Society
PO Box 4092
Wellington 6140