



INSTITUTE
of
COUNSELLING
PSYCHOLOGY

Subscriber Application

NAME

QUALIFICATIONS

Please list all qualifications with dates of conferment. List all Post Graduate papers, dissertations and theses

REGISTRATION

(if obtained)

Registration number

Please provide copy of current APC

EMPLOYMENT

Current Employer

Description of work, job title, date commenced, full or part time, address - signed off by manager or supervisor

AFFILIATIONS

Affiliations apart from NZPsS

Provision of any evidence of particular interests and expertise

If you need more space please attach a separate page

SUPERVISION

(If in supervision)

Name of Supervisor

Address of Supervisor

Qualifications of Supervisor

Duration and Frequency of Supervision

Supervisor to provide separate report

If not in supervision please comment on as to the reason and whether you plan to enter supervision at some stage

PROFESSIONAL DEVELOPMENT

List your professional development activities in the last 12 months.

If you have a PD plan, please provide a copy, signed by your supervisor

COMPLAINTS DECLARATION

I declare that to my knowledge there have been no complaints upheld or are currently being investigated about my practice which has resulted in formal investigation by any professional or statutory body.

If a complaint has been made and has, or is, being investigated please provide details

Signature of Applicant

Date:

PAYMENT

Please enclose the Counselling Institute subscription of \$23.00 (inc. GST).

Please send this completed application form to the Institute of Counselling Psychology, c/- The Membership Administrator, New Zealand Psychological Society, PO Box 25 271, Featherston St, Wellington 6146