



INSTITUTE
of
CLINICAL
PSYCHOLOGY

Application for Full, Associate and Subscriber Membership

Name

Email

Cellphone

**Membership
Category
Sought**

Full ICP Member [☐] Associate ICP Member [☐] Affiliate Member [☐]
Please tick

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**Registration
Details**

Registered with the NZ Psychologists Board [☐] *tick*

Registered in the Clinical Psychology Scope of Practice [☐] *tick*

Holder of a current Annual Practicing Certificate [☐] *tick*

Please provide your NZ Psychologists Board Registration Number: _____

Please state your year of registration in the Clinical Psychology Scope: _____

Have you had 2 years post registration full-time (or equivalent) supervised clinical practice in NZ? [☐] *tick*

*If you have ticked all of Section A, please proceed to **Section B**.
Otherwise please complete full application.*

Qualifications

NZ Postgraduate Diploma in Clinical Psychology/ Professional Doctorate in Clinical Psychology/ MA Applied in Clinical Psychology (VUW only) [☐] *tick*
Please list your relevant qualifications and the institution obtained from

Recognised Overseas Equivalent to NZ Postgraduate Diploma / Doctorate in Clinical Psychology [☐] *tick*

Please list your relevant qualifications and the institution and country obtained from

**Evidence of
Competent
and Safe
Practice**

I have undertaken professional supervision with a registered psychologist in the clinical scope of practice for the past two years (full-time or equivalent) in New Zealand.

Yes [☐] No [☐] *tick*

**Clinical
Supervision**

I currently undertake professional supervision with a registered psychologist in the clinical scope of practice

Yes [☐] No [☐] *tick*

**Clinical
Supervision
continued**

If your supervision is with a supervisor who is not a registered psychologist in the clinical scope of practice, please state your supervisor's professional orientation, relevant affiliations, main focus of supervision, and any additional details you consider relevant.

Professional supervision details for the previous two years (full-time or equivalent)
(Applicants for full membership, please attach the required supervisor's report using the template provided at the end of this application form):
Supervisor and setting / Hours (eg, 1 hr per wk) / Length of contact (eg, 4/06 to 6/08)

Complaints

I have not had complaints laid against my clinical practice that have resulted in formal investigation by either a professional or statutory body, and I am not aware of any complaints being in process. True [☐] False [☐]
If false, please strike out the relevant declaration (below) before signing and attach details of the complaint(s) in a sealed envelope for the ICP membership committee.

**Current
Employment**

Job Title (1):	No. of 10ths
Employer:	Date employed:
Job Title (1):	No. of 10ths
Employer:	Date employed:

**Previous
Employment in
last 5 years**

Job Title	Date employed	Employer

**Professional
Affiliations**

Organisation	Date Joined

**Professional
Interest/
Expertise**

Please indicate any areas of expertise or professional interest in clinical psychology

Declarations

I hereby declare that: The information provided in this application is accurate and honest to the best of my knowledge.

I am not currently the subject of a complaint regarding my practice as a psychologist to any New Zealand or overseas body.

I have not been the subject of a complaint regarding my practice as a psychologist to any New Zealand or overseas body that resulted in disciplinary action taken against me. *(If you are currently, or have been, the subject of a complaint please put a line through the relevant declaration/s above and attach details in a sealed envelope addressed to the Membership Committee ICP.)*

I give permission for any records pertaining to any action taken by or complaint made to the Health and Disability Commissioner, the New Zealand Psychologists Board, or any other equivalent overseas body in relation to my professional conduct in the past or in the future to be made available to the ICP Committee of the New Zealand Psychological Society (as well as the Executive of the New Zealand Psychological Society).

I agree to notify the ICP (and the Executive of the New Zealand Psychological Society) of any new complaints against me as soon as I am aware that a complaint has been lodged against me.

I agree to abide by the Rules of the ICP and the New Zealand Psychological Society Inc. and the Code of Ethics 2002.

Applicant signature: _____ Date: _____

Please remember to send the supervisor's report to your current supervisor.

Payment of \$55.00 (incl GST) can be made by cheque, credit card or direct credit

Credit Card number: _____

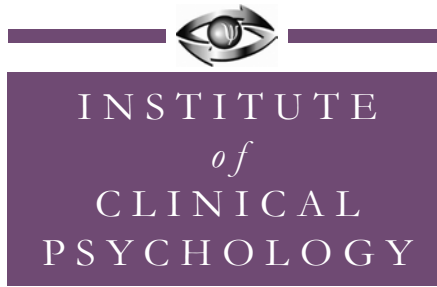
Name on Card: _____

Expiry date: _____ 3 digit security number: _____

Signature: _____

Direct payment to BNZ: NZ Psychological Society 02-0560-0262471-00

Please quote your name as reference



Dear Colleague,

The Institute of Clinical Psychology, as part of its requirement for Full Membership, requires that a brief report be obtained from the present or past supervisor of an applicant. Please note that this report should include the dates and length of the supervisory relationship.

The purpose of the information requested is to ensure that regular supervisory contact is occurring or has occurred between the supervisor and the applicant and that the practitioner psychologist demonstrates safe and competent practice in the field.

The Report you are asked to complete has been simplified in order to take up as little of your time as possible while ensuring the Institute acquires the information it needs in order to make a decision about membership. Accordingly, it would be appreciated if you could complete the attached Report and scan/email it to the membership administrator of the NZPsS: membership@psychology.org.nz or alternatively send to c/- the Membership Administrator, NZPsS, PO Box 25 271, Featherston Street, Wellington 6146.

Yours sincerely,

Membership Secretary
Institute of Clinical Psychology Committee



INSTITUTE
of
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Supervisor Report

Private & Confidential to the Membership Committee

Name of Supervisee: _____

Name of Supervisor: _____

Professional registration, qualifications and affiliations:

Mailing address: _____

Day phone: 0 / _____ Fax: _____ Mobile: _____

Email: _____

1. Nature of Supervisee's work and client group being supervised:

2. Dates of supervisory relationship: (applicants need to provide evidence of two years post registration supervision in New Zealand).

3. Frequency of contact with supervisee: _____

4. Does the supervisee demonstrate safe practice? _____

5. Do you have any particular concerns about the competence of your supervisee? If so please specify:

Signature: _____ Date: _____

On completion of this Report, On completion of this Report, please email it to the membership administrator of the NZPsS: membership@psychology.org.nz