



INSTITUTE  
*of*  
COUNSELLING  
PSYCHOLOGY

## Application to join the Institute of Counselling Psychology

**Please tick  
which type of  
membership you  
are applying for**

- ☐ Full Membership (Practitioner) Application  
☐ Full Membership (Academic) Application  
☐ Subscribership  
☐ Provisional Member (Practitioner) Application

**NAME**

**QUALIFICATIONS**

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

**REGISTRATION**

(if obtained)

☐ Yes ☐ No

**EMPLOYMENT**

Current Employer

Description of work, job  
title,

**AFFILIATIONS**

Affiliations apart from  
NZPsS

**SUPERVISION**

Name of Supervisor

Qualifications of  
supervisor

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

## COMMENT

Part of the criteria for membership is that you have demonstrated expertise in, and commitment to, counselling psychology. Please comment on this with regard to yourself

## FOR ACADEMIC APPLICANTS

Teaching/ Research Areas

## FOR PROVISIONAL APPLICANTS

What training are you currently undergoing?

Are you studying for a particular qualification?

What is that?

Please provide the name of the training institution and student number

Please provide information on any other training and professional development engaged in that are relevant to counselling psychology

## 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.

I agree to be contacted if the committee of the Institute of Counselling Psychology requires any further information or evidence to support my application.

**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; or fax to 04 4734889 or scan to [membership@psychology.org.nz](mailto:membership@psychology.org.nz)