



INSTITUTE  
*of*  
EDUCATIONAL *and* DEVELOPMENTAL  
PSYCHOLOGY

## Application for Membership

Name

Email Address

**Membership Criteria**  
(please complete  
below and over page)

I am a current NZPsS member

YES / NO

I have a current Annual Practising Certificate

YES / NO

**I am applying for**

**Full Membership (Academic)**

[ ] (tick)

- Currently working in the tertiary education sector and primarily involved in teaching or research activities related to the field of educational, child or developmental psychology.
- Have post-graduate qualifications in educational, child or developmental psychology.

**Full Membership (Practitioner)**

[ ] (tick)

- Have demonstrated academic training and competency in core subjects at a post-graduate level including (e.g., by holding a PG Dip in Educational Psychology):
  - human development - educational psychology - applied behaviour analysis
  - psychological assessment - psychological research - counselling
- Be NZ Registered

(Provisional Membership - May be granted to Full Member applicants until such time as they have satisfied the Institute that they meet the criteria for Full Membership.)

**Associate Membership**

[ ] (tick)

Associate Membership may be granted to any person who is working in a related field and has an interest in educational or developmental psychology but who does not meet the registration and academic criteria referred to above)

**Student Membership**

[ ] (tick)

I am a current NZPsS student subscriber

[ ] (tick)

Are your academic qualifications in Educational Psychology or Developmental Psychology at a postgraduate level? (please list):

YES / NO

Are you currently being supervised in your work?

YES / NO

If "Yes" please provide name and current employment details of your Supervisor:

**Employment Details**

Do you work substantially with children/young persons/and their families/whanau and/or in education?  
YES / NO

**Current Employer:** (if self-employed/in private practice please go directly to "Current Position" below)

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**Employer's Address:**

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**Current Position:** (describe your role and the type of work you do)

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**Signature:**

**Date:**

Please note: By signing this form you are verifying that to the best of your knowledge this information is correct. The Executive of the IEDP reserves the right to request verification of the information provided or to request further information if required.

Membership Levy: Full and Associate Members of the IEDP are required to pay the current year's Membership Levy. No fee for students. Full Member or Associate Member: \$25.00

Forward the completed Membership Application form, with payment  
(NZ Psychological Society) to:  
IEDP Administrator  
NZ Psychological Society  
PO Box 25 271, Featherston St,  
Wellington 6146