



INSTITUTE
of
HEALTH
PSYCHOLOGY

Application for Full, Associate and Subscriber Membership

Name

Email

Contact
Number

Membership
Category
sought

Full Member Academic []
Full Member Practitioner []
Please tick

Affiliate Member []
Student Affiliate []

Full Member (Practitioner) status is open to anyone who:

Has New Zealand Registration as a Psychologist AND holds a Post Graduate Diploma in Health Psychology or equivalent qualification (attained after a minimum of six years full-time university study, including a Masters Degree in Health Psychology)

OR

Has New Zealand Registration as a Psychologist AND has a minimum of three years' experience or 1500 hours working as a registered psychologist providing psychological care to patients/clients who present with physical health problems.

Full Member (Academic) status is open to anyone who:

Holds a Post Graduate Diploma in Health Psychology or equivalent qualification AND currently works primarily in teaching or research activities related to the field of health psychology.

Associate Affiliate - status is open to anyone who:

Has New Zealand Registration as a Psychologist AND has experience or is currently working with patients/clients primarily in physical health settings, but has not amassed the amount of experience necessary for full membership.

Student Affiliate - status is open to anyone who:

Has passed the Post Graduate Diploma in Health Psychology and completed a Masters of Science in Health Psychology or equivalent qualification OR is currently enrolled in the Post Graduate Diploma of Science in Health Psychology or equivalent qualification

OR

Has been accepted to be enrolled in the Post Graduate Diploma in Health Psychology or equivalent qualification.

Registration
details

Registered with the NZ Psychologists Board [] *tick*

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

Please state which Scope of Practice you are registered under:

Please provide your NZ Psychologists Board Registration Number:

Qualifications

Please list your qualifications, institution and country obtained from:

Qualification	Year	Institution	Country
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e.g. Qualification: Postgraduate Diploma in Health Psychology > Year: 2014 > Institution: University of Auckland > Country: New Zealand

Employment and professional details

Please list your current and past employment as a psychologist in physical health settings:

Job Title	Employer	FTE	Start Date	End Date
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e.g. Job Title: Health Psychologist > Employer: Auckland District Health Board > FTE: 0.4 > Start Date: Jan 14 > End Date: Current

Professional Affiliations

Organisation	Date joined
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Please indicate any areas of expertise or professional interest in health psychology:

Evidence of Competent and Safe Practice

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

Yes [] No [] *tick*

I currently undertake professional supervision with a registered psychologist

Yes [] No [] *tick*

Name of current supervisor:

Please state your supervisor's professional orientation, relevant affiliations, main focus of supervision, and any additional details you consider relevant:

Please provide professional supervision details for the previous two years (full-time or equivalent). (Applicants for full membership (Practitioner), please attach the required supervisor's report using the template provided at the end of this application form):
Supervisor and setting / Hours (eg, 1hr 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.

Declarations

I hereby declare that:
The information provided in this application is accurate and honest to the best of my knowledge.
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 IHP Committee of the New Zealand Psychological Society (as well as the Executive of the New Zealand Psychological Society).
I agree to notify the IHP (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 IHP and the New Zealand Psychological Society Inc. and the Code of Ethics 2002.

Applicant signature: _____ Date: _____

Payment of \$57.50 (incl GST) can be made by cheque, credit card or direct credit

Credit Card number: _____

Name on Card: _____

Expiry date: _____

Signature: _____

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

Please quote your name as reference



Dear Colleague,

The Institute of Health Psychology, as part of its requirement for Full Membership (Practitioner), 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 place it in a sealed envelope marked Private and Confidential to the Institute of Health Psychology. This should normally be given to the applicant for inclusion with the application material. If there is some reason for you to send the information directly to the Institute please feel free to do so by addressing it c/- the Membership Administrator, NZPsS, PO Box 25 271, Featherston St, Wellington 6146.

Yours sincerely,

Institute of Health Psychology Committee



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Supervisor Report

Private & Confidential to the Membership Committee

Name of Supervisee: _____

1. Name of Supervisor: _____

2. Professional registration, qualifications and affiliations:

3. Mailing address: _____

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

Email: _____

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

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

8. Frequency of contact with supervisee:

9. Nature of supervision e.g. live observation, documentation review, mix of case presentation and theoretical issues.

Regularly

Occasionally

Rarely

Never

Case Review: _____

Live Observation: _____

Theory Discussion: _____

10. Does the supervisee demonstrate safe practice? If so, how do you judge this?

11. Identify your supervisee's strengths in clinical practice:

12. Identify your supervisee's gaps in clinical practice:

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

14. What steps are you as a supervisor, and the supervisee, taking to rectify these?

15. Do you know of any complaints upheld or current outstanding complaints against your supervisee? If so, please describe briefly the nature of the complaint.

16. Do you believe in terms of qualifications and competent practice, that the applicant should be admitted to Full membership of the Institute and be granted the specialist status this implies?

17. Are there other issues in relation to this application of which the Membership Committee should be aware? If so, please elaborate.

Signature: _____ Date: _____

**On completion of this Report, place it in a sealed envelope marked
"Private and Confidential to the Institute of Health Psychology"
and return it to the Supervisee/Applicant**