

Hong Kong Psychological Society

Company Limited by Guarantee

Application Form for Registration (Society-based)

Title: Dr./Ms./Mrs./Mr. Name in Chinese: _____(if applicable)

Surname: _____ Given Name(s): _____

Address for Correspondence: _____

Telephone: _____ Fax: _____

Email: _____

I am a Graduate Member / Associate Fellow / Fellow (*delete as appropriate*) of the HKPS Ltd.

Academic Qualifications

(Please list degrees in psychology, conferring universities with dates)

Post qualification experiences in psychology

Applicants must provide certification of at least 12 months full-time post-qualification experience.

(Please list work nature and dates)

Present employment: _____

Statement from present employer (*delete as applicable)

This is to certify that _____ in his/her capacity as _____
has been working for my organization for _____ months full-time/part-time *.

Signed _____ Company chop _____

Name: _____ Position Title: _____

If present employment less than 12 months

Statement from previous employer

This is to certify that _____ in his/her capacity as _____
has been working for my organization for _____ months. full-time/part-time *.

Signed _____ Company chop _____

Name: _____ Position Title: _____

Professional memberships

I understand that the Registration Board will also process my application based on the information I have sent in for my application for Society membership.

The Registration Board recognizes the specializations of the Divisions of the Hong Kong Psychological Society Ltd. If you are a Division member of the Society and wish your specialization known, please indicate below.

I am a member of the Division of _____.

I have read and agreed to the Society's policy statement regarding Personal Data (Privacy) Ordinance.

Declaration

Please read the following carefully and if you agree with the statement, complete it and sign below:

I, _____ (*full name*), wish to join the professional register of the Hong Kong Psychological Society Ltd. and agree to abide by its Code of Professional Conduct stipulated by the Society. I declare that I have not committed any crime or malpractice in any country in connection with the psychology profession.

Signature _____ Date _____

Witness/Reference (*must be a member of the Hong Kong Psychological Society Ltd.*)

I, _____ (*full name*) am aware that
_____ (*name of applicant*) is of good character.

Signature _____ Date _____

For Office Use Only

Recommended for the Register

Comments _____

