

Hong Kong Psychological Society

Company Limited by Guarantee

Application Form for Registration

(Society-based)

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

Surname: _____ Given Name(s): _____

Address for Correspondence: _____

Telephone: _____ Fax: _____

Email: _____

To be eligible for registration, an applicant must
 (a) be a Member other than an Honorary Fellow of the Society, must be in good standing, and
 (b) possess a higher degree in psychology obtained from an institution recognized by the Society, and
 (c) have at least one year of post-qualification experience in a discipline of psychology deemed acceptable to the Council.

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

Academic Qualifications

Date (MM/YYYY)		Title of qualification	Name of awarding University or Institution	Mode of Study	Supervised placement	
From	To					
				Full-time/ Part-time*	Yes/ No*	Number of Hours: _____
						Name & Job Title of Supervisor: _____
				Full-time/ Part-time*	Yes/ No*	Number of Hours: _____
						Name & Job Title of Supervisor: _____

Applicants must provide certified copies of all academic credentials including transcripts and graduation certificates. (To declare a document is duplicated from the original, please refer to 'administration of declaration/oath for private use' on the website of the Home Affairs Department at http://www.had.gov.hk/en/public_services/public_enquiry_services/provided.htm)

* delete as appropriate

Post-qualification experiences in psychology

Applicants must provide the required information in the following table. To be eligible for registration, applicants must have at least 12 months full-time post-qualification experience in a discipline of psychology. Temporary or part-time jobs will also count towards the 12-month post-qualification experience.

Date (MM/YYYY)		Job title	Employer	Hours / Week	Key Responsibilities (Please specify the % of time spent on each key responsibility)	
From	To				% of time	Description of each key responsibility (Please use bullet points to separate different responsibilities)
		<p>Name of work supervisor: _____</p> <p>Job title of work supervisor: _____</p> <p>E-mail address: _____ Office number: _____</p> <p>Work supervisor's relevant qualification(s) (e.g. HKPS Registered Psychologist):</p> <p>_____</p> <p>Work supervisor's signature and company chop:</p> <p>_____</p>				

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 _____.

NOTICE TO APPLICANT ABOUT COLLECTION OF PERSONAL DATA IN COMPLIANCE WITH THE PERSONAL DATA (PRIVACY) ORDINANCE, CHAPTER 486 OF THE LAWS OF HONG KONG

1. Purpose of Collection: The personal data you voluntarily provided through this application form and attachments will be used by the Hong Kong Psychological Society (“HKPS”) for the purposes approved by the HKPS Executive Committee including but not limited to HKPS membership consideration, HKPS membership registration, HKPS activity planning, and communication between you and HKPS.
 2. Consequences of failure to supply personal data: Your truthful information is necessary for the purposes mentioned in paragraph 1 above, failure to provide as required may result in the delay or decline of your application and/or disruption of HKPS communication with you about HKPS matters.
 3. Classes of transferees: The personal data you provided through this application form may be disclosed to statutory authorities when lawfully required and/or other persons for the purposes mentioned in paragraph 1 above.
 4. Access to Personal Data: You have a right to request access to and to request correction of the personal data you provided to HKPS. To access the data, you should write to the General Secretary, Hong Kong Psychological Society, at the electronic or the registered address specified in www.hkps.org.hk.
 5. Amendment to Personal Data: You should write to HKPS if you want to amend your personal data.
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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.

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

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 _____

Returned Acknowledgement of receipt on _____

Honorary Secretary of Registration Board
The Hong Kong Psychological Society Ltd.
Room 506 Lemmi Centre,
50 Hoi Yuen Road, Kwun Tong
Kowloon, Hong Kong.

**Please stick
your Stamp
Here**

Name of Applicant: _____

Address: _____

To: _____ (Name of Applicant)

From : Administration – Registration Board

**Acknowledgement
of receipt**

Dear Applicant,

This is to acknowledge your Application Form for Registration of the Hong Kong Psychological Society (HKPS). The form has been received on _____. Please contact us if you do not hear from us again three months after the date of this letter.

For your information, the next meeting of the Registration Board of the Hong Kong Psychological Society is scheduled on _____. However, all applicants recommended for membership have to be elected in a subsequent Council meeting on _____ before they receive our letter of acceptance.

【 】 Missing document (s):

Please submit these documents to us before _____ so that we can process your application.