



The Hong Kong Psychological Society Ltd.

Application form for Society-based Professional Registration of Psychologists

(Revised: Jun 2024)



IMPORTANT! This form is used to apply for Professional Registration of Psychologists by Member of The Hong Kong Psychological Society (HKPS). It is important that you refer to the **By-Laws** of HKPS about professional registration and the **Code of Professional Conduct** stipulated by HKPS. These can be found at www.hkps.org.hk



IMPORTANT! Application for Professional Registration of Psychologists has stricter requirements than application for HKPS membership. Supporting documents must be certified in accordance with the guidelines in **Appendix A**. Your application will only be processed upon receipt of a completed application form with all required supporting documents. Failure to provide any of the required information or certified documents will result in a significant delay in application vetting. Please refer to **Appendix B** for cross-check before you submit your application.

According to the *By-Laws* of HKPS (s.21), an applicant for professional registration must:

- (a) be a Member other than an Honourary 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.

No application fee is required. Please send this form together with a complete set of supporting documents **BY POST or BY COURIER** to:

Secretary of Registration Board,
The Hong Kong Psychological Society,
Unit 1211, The Metropolis Tower
10 Metropolis Drive, Hung Hom
Kowloon, Hong Kong

I. PERSONAL PARTICULARS OF APPLICANT

Name (in English) which should be the same as the name registered with HKPS:	(Name in Chinese, if any):
Please note your name(s) given here will be displayed on HKPS website for public checking. You must not change or add another name to represent yourself as Registered Psychologist of HKPS unless endorsed by HKPS Council.	
Postal address: <input type="checkbox"/> Residential address <input type="checkbox"/> Business or registered office address	
Phone:	Fax:
E-mail address:	
I am a <input type="checkbox"/> Graduate Member of HKPS / <input type="checkbox"/> Associate Fellow of HKPS / <input type="checkbox"/> Fellow of HKPS.	
<input type="checkbox"/> I am a full member of the HKPS Division of:	
<input type="checkbox"/> I am not a full member of any Division of HKPS.	

II. ACADEMIC DEGREES IN PSYCHOLOGY

Name of applicant:

Education history from **1st degree in psychology** to the **highest degree in psychology**. Non-psychology degree or qualification will not be counted ; do not supply non-psychology degree information . HKPS member with only one degree in psychology will not be considered for professional registration. Member who was admitted to HKPS based on combination of two psychology degrees will need another higher degree in psychology to qualify for professional registration.

Date (MM/YYYY)		Name of degree	Name of awarding university or institution	Mode of study
From	To			
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

※ if space is not enough, please copy this page to add information. Extra page(s) must be attached to this form

III. POST-QUALIFICATION EXPERIENCE

Name of applicant:

Applicant must prove to the Registration Board of having **at least one year of full-time (or part-time equivalence) of post-qualification** experience in **a discipline of psychology**. Full-time means an average of 44 hours per week. A discipline of psychology is construed as a specific field of psychology (e.g. clinical, counselling, educational, industrial-organizational, research, etc.) where applications of **post-graduate level** psychological knowledge and skills are needed. Work that does not require a higher degree in psychology will need very strong justification(s) and evidence to be accepted as a discipline of psychology.

Date (MM/YYYY)		Job Title	Employer	Hours per 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)

Applicant should ask a work supervisor (current or previous) to verify the applicant has at least one year of full-time (or part-time equivalence) of post-qualification experience in a discipline of psychology. If this length of experience is accumulated over multiple workplaces, please describe each workplace on a separate photocopy of this page, and obtain the corresponding work supervisor's **verification**. If applicant cannot find work supervisor to verify the required length of experience, applicant should take the completed form to an Oath Officer to make a legal declaration that the information given on this form is true (see Appendix A).

Work supervisor	Full name:	
Position and Organization:		
Professional status, if any (RP, RSW, RMP, RN, etc.):		
E-mail address:		
Contact phone number:		Supervisor's signature with company chop:
By signing here with my company chop, I verify the information given above about the applicant's working experience <u>within my organization</u> is true.		

Personal Information Collection Statement (PICS)

Purpose of Collection

1. Personal data collected by The Hong Kong Psychological Society Limited (“Society”) may be used for one or more of the following purposes:
 - i. processing and vetting any membership application and updating (including changing to different categories of membership), and related returns and notifications;
 - ii. verifying membership and identity;
 - iii. proving of consent & agreement;
 - iv. issuing invitation letters, appointment letters, congratulation letters, letters of good standing, testimonials, & certificates;
 - v. keeping of a register of membership and the management of all matters incidental thereto;
 - vi. providing information of members to the public to facilitate the identification of members and psychologists and about the services these psychologists provide (including display of information set out in section “Statement of Practices – 1. Membership records – a. membership application and updated information, and b. registered psychologist details”); and verifying information to be published on the Society’s website;
 - vii. processing complaints, investigations, disciplinary actions, enforcement, regulatory actions, enquiries or feedback; and publishing results or conclusions of thereto;
 - viii. organizing, communicating, promoting, inviting, providing, enrolling, vetting, and verifying of various services to members and public (meetings, subscription of publications, training, continuing education, sponsorship, social, promotional, recreational and other programmes or activities);
 - ix. conducting recruitment and human resources purposes (including consideration of job, volunteer, mentorship and internship applications);
 - x. conducting research or statistical purposes;
 - xi. administering the web services provided by the Society; and
 - xii. performing the Society’s administration and operating functions and powers in connection with registration and under other applicable legislations, rules and regulations.

2. It is obligatory for you to supply the Society with the data requested in this form. Failure to provide the requested personal data, or the provision of inaccurate or incomplete information may result in the Society not being able to process the application, or for the Society to perform its functions or powers.

Transfer of Personal Data

3. The Society may provide necessary information to staff of the Society and to the members of the Council and its relevant Committees and Divisions, and any third party lawfully required and/or holding a court order for the disclosure of the information.
4. Personal data provided in a complaint will be used, disclosed or transferred only for those purposes related to the complaint, for example, it may need to be disclosed to the person / company against whom a complaint has been made and to inform relevant regulatory bodies and professional organizations of any positive finding on the breach of professional conduct.

Direct Marketing

5. The Society may use your email address for marketing (including meetings, subscription of publications, training, continuing education, sponsorship, social, promotional, recreational and other programmes or activities).
6. If you wish the Society to exclude your personal data for direct marketing purposes, please send us an email, along with your name and membership number to General Secretary at admin@hkps.org.hk.

Access and Correction

7. You have the right to request access to and to request the correction of your personal data. While certain personal data can be updated online by the member, other data access requests should be made using the form specified by the Privacy Commissioner for Personal Data which is accessible from the following link “Data Access Request Form” (<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>).

Enquiries

8. Enquiries concerning your personal data provided in your enquiry, including making access and correction, should be addressed to:

General Secretary, The Hong Kong Psychological Society Limited, Unit 1211, The Metropolis Tower, 10 Metropolis Drive, Hung Hom, Kowloon, Hong Kong
 Email: admin@hkps.org.hk

Privacy Policy Statement

9. You may click [here](#) for the Privacy Policy Statement of the Society.

IV. DECLARATION

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

I, _____ (full name), wish to apply for inclusion in the Register of Professional Psychologists of The Hong Kong Psychological Society and agree to abide by the Society's Code of Professional Conduct. I solemnly and sincerely declare that I have not been charged in any place for any criminal offence or subject to any allegation of professional malpractice in connection with psychology in any place. I also agree to disclose immediately to the Registration Board of HKPS any criminal offence charged against me or any professional malpractice allegation filed against me if I wish to be included in the HKPS Professional Register.

I have read the above Personal Information Collection Statement (PICS).

Signature _____ Date _____

For Office Use Only

Recommended Not recommended On hold for inclusion in the Register of Professional Psychologists of HKPS.

Remarks _____

Returned Acknowledgement of Receipt on _____

Appendix A

TRUE COPY of documents deemed acceptable to the HKPS Registration Board

- **CERTIFIED TRUE COPY**

To certify a copy of document as true, you may bring the original document to one of the following people who can make a copy of the original for you and stamp as “Certified True Copy”:

1. a notary public practising in Hong Kong;
2. a solicitor practising in Hong Kong;
3. a certified public accountant (practising) within the meaning of section 2 of the Professional Accountants Ordinance (Chapter 50 of the Laws of Hong Kong);
4. an officer of the court in Hong Kong who is authorised by law to certify documents for any judicial or other legal purpose;
5. a professional company secretary practising in Hong Kong; or
6. a consular officer of user’s home country, in the case of a non-Hong Kong resident.

You may be charged a fee for such service.

- **DECLARATION OF A DOCUMENT AS TRUE COPY OF THE ORIGINAL or**
- **DECLARATION OF INFORMATION PROVIDED AS TRUE**

As an alternative to receiving certified true copy of documents or work supervisor’s verification of work experience, the Registration Board of HKPS accepts legal declaration by the applicant at a Home Affairs Enquiry Office of the HKSAR Government. Please refer to “Administration of Declaration/Oath for Private Use” on the Home Affairs Department website: https://www.had.gov.hk/en/public_services/public_enquiry_services/provided.htm

- This public service is free of charge.
- Please submit the Declaration along with the copied documents to the Registration Board.
- Documents which are not personally declared by the applicant will not be accepted.

- **ORIGINAL CERTIFICATES OR DOCUMENTS** are acceptable but applicant will send them at his / her own risk. HKPS will not hold responsibility for any loss or damage of the original.

Appendix B
Submission Checklist

CHECKLIST FOR APPLICANT		CHECKLIST FOR HKPS	
	Please check box on LEFT	OK	Missing items (if any)
<input type="checkbox"/>	p.1 Personal particulars of applicant complete	<input type="checkbox"/>	
<input type="checkbox"/>	p.2 Academic degrees in psychology complete	<input type="checkbox"/>	
<input type="checkbox"/>	p.3 Post-qualification experience complete	<input type="checkbox"/>	
<input type="checkbox"/>	p.3 Work supervisor information complete	<input type="checkbox"/>	
<input type="checkbox"/>	p.3 Work supervisor's signature complete	<input type="checkbox"/>	
<input type="checkbox"/>	p.3 Work supervisor's company chop complete	<input type="checkbox"/>	
<input type="checkbox"/>	Legal declaration of truth of p.3 if no work supervisor's verification	<input type="checkbox"/>	
<input type="checkbox"/>	p.5 Declaration complete	<input type="checkbox"/>	
<input type="checkbox"/>	True copy of 1 st psychology degree certificate	<input type="checkbox"/>	
<input type="checkbox"/>	True copy of 1 st psychology degree transcript	<input type="checkbox"/>	
<input type="checkbox"/>	True copy of 2 nd psychology degree certificate	<input type="checkbox"/>	
<input type="checkbox"/>	True copy of 2 nd psychology degree transcript	<input type="checkbox"/>	
<input type="checkbox"/>	True copy of 3 rd psychology degree certificate (if any)	<input type="checkbox"/>	
<input type="checkbox"/>	True copy of 3 rd psychology degree transcript (if any)	<input type="checkbox"/>	
<input type="checkbox"/>	Acknowledgement receipt envelope affixed with sufficient HK postage stamp	<input type="checkbox"/>	

If applicant is sending any other document as evidence to support academic qualifications or post-qualification experience, please list them out on another sheet and attach to this page. Thank you.

Applicant
should affix
sufficient HK
postage stamp

PLEASE PRINT THIS PAGE ON A SEPARATE SHEET

Secretary of Registration Board,
The Hong Kong Psychological Society,
Unit 1211, The Metropolis Tower
10 Metropolis Drive, Hung Hom
Kowloon, Hong Kong

Name of Applicant:

Address:

*If you need an Acknowledgement of Receipt, please complete your name and address,
affix postage stamp and attach this page to your application package.*

From: HKPS Administration – Registration Board

Acknowledgement of Receipt

Dear Applicant,

This is to acknowledge your application for Professional Registration of Psychologists under The Hong Kong Psychological Society (HKPS) was received on _____.

* Please submit missing information indicated in the checklist attached.

The next meeting of the Registration Board of the Hong Kong Psychological Society is scheduled on _____ in which your application will be considered. However, all applicants recommended for professional registration have to be ordered in a subsequent Council Meeting before they receive our letter of acceptance.

If you do not hear from us again three months after the date of this letter, please contact us

www.hkps.org.hk
admin@hkps.org.hk
Fax: (852) 2852 1776