

MEMBERSHIP APPLICATION FORM

1. Category of Membership Required

Full Affiliate Trainee Retired

2. Payment Method (enclosed)

Cheque Amount Direct Debit

3. Personal Details

Title Forename(s) Surname

Home Address

Postcode

Tel Fax Mobile

Email Date of Birth

4. Qualifications

Do you have:

An honours degree in psychology (or equivalent) acceptable to the British Psychological Society as giving the Graduate Basis for Registration (GBR) as a Chartered Psychologist? YES NO

A minimum of one year's full time experience of working with children and young people up to the age of 20? YES NO

5. Training as an Educational Psychologist

University Dates attended/attending

Date of confirmation or expected confirmation of your qualification Was your qualification undertaken at an approved training course? (see list on page 2) YES NO

If No, please include additional information including full details of the content of the course and a copy of your certificate.

6. Employment/Placement Details

Employer

Address

Postcode Tel

Fax Email

7. Registration with the Health and Care Professions Council (HCPC)

Are you registered with the HPC YES NO

If yes, please quote registration number

8. Other information

Have you previously been a member of the AEP? YES NO

Are you currently a member (or have been a member in the last six months) of any other trade union? YES NO

If yes, please give the name of the union concerned

Preferred email address for receipt of Association correspondence

9. Declaration I confirm that the information given in this form is accurate and that I have read the Membership Application Guidance and Explanatory Notes.

Signature Date

For Office Use Only

Checked by:

Submitted to the NEC:

Information for Monitoring Only

Equal Opportunities

The Association monitors applications to help ensure our procedures provide equal opportunities and to encourage into the profession those groups currently under-represented in educational psychology.

The questions on this form are designed to assist in the monitoring. The form is separate from the main body of the application form and relates only to monitoring, not the application. It will be held separately and confidentially and will not be made available to the membership sub-committee.

We would be grateful therefore if you could complete and return it when you return your application form or separately if you prefer.

Category of membership applied for

Male Female Date of Birth

1. I would describe my race or cultural origin as (please tick one box only)

Asian or Asian British:		Mixed:	
Indian		White & Black Caribbean	
Pakistani		White & Black African	
Bangladeshi		White & Asian	
Other Asian background		Other mixed background	
Black or Black British:		White:	
Caribbean		British	
African		Irish	
Other Black background		Other white background	
Chinese		Other background (please specify):	

2. Other race or ethnic group (please describe below):

3. My age is:

16-19
 20-29
 30-39
 40-49
 50-59
 60+

4. Would you describe yourself as having a disability?

Yes No

If yes, are you registered disabled?

5. How would you describe your sexuality?

Heterosexual	<input type="checkbox"/>	Gay woman or lesbian	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
I would rather not say	<input type="checkbox"/>		