

Are you recognised by the British Psychological Society as (please tick as appropriate):

- Clinical Psychologist
- Counselling Psychologist
- Educational Psychologist
- Forensic Psychologist
- Health Psychologist
- Occupational Psychologist
- Sport and Exercise Psychologist

Or additionally:

- Division of Neuropsychology (Full Practitioner Member)

BPS membership no. *(applications cannot be processed without this)*

Membership of other professional associations (please tick as appropriate)

- Association of Educational Psychologists
- British Neuropsychological Society
- Other (please specify) _____

Current work in private practice (please tick)

- Full time Part time

If part time what percentage of the working week is private practice? _____%

If part-time other current appointments-

Job title

Employer

Please state what Position or Job Title you would like advertised on the web directory if different to above:

.....

Current status as a private practitioner (please tick as appropriate).

- Sole trader
- Limited partnership
- Limited company - name of company _____
- Other (please specify) _____

Please list tick your specialist areas of work for the Directory Parent Search Engine.

- 1. Autistic Spectrum disorders, management and interventions
- 2. Educational Tribunals and educational support
- 3. Literacy or numeracy assessment and support
- 4. Emotional or behavioural difficulties and talking therapies
- 5. Learning Difficulties and behavioural advice or coaching
- 6. Attention Deficit Disorders, advice and management
- 7. Adjusting and coping with physical or sensory impairment
- 8. Antisocial behaviour and/or forensic work
- 9. Brain injury and neuropsychological assessment or intervention
- 10. Family Therapy

Other specialist areas (max 10 words)

.....

Geographical areas served for private practice (please tick as appropriate)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Anywhere within UK | <input type="checkbox"/> South West England | <input type="checkbox"/> London |
| <input type="checkbox"/> North West England | <input type="checkbox"/> Scotland | <input type="checkbox"/> Midlands |
| <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> North East England | <input type="checkbox"/> East Anglia |
| <input type="checkbox"/> South East England | <input type="checkbox"/> Wales | |

Please check you have included-

- Copy of current BPS practising certificate**
- Cheque made payable to AChiPPP for £45**

Please forward to:

AChiPPP c/o 15, Hermitage Road, St. John's, Woking SURREY GU21 8TE

Telephone enquiries: 01932 887488

Email: enquiry@achipp.org.uk

Date _____