



Association of Child Psychologists in Private Practice

FAMILY LAW EXPERT WITNESS TRAINING DAY

17th October 2008
Sheffield

JOINT APPLICATION FORM for attendance at the AChiPPP Sheffield Expert Witness Training Day and Membership of AChiPPP as new member

Membership Application Form. (Please note membership is ONLY open to Chartered Psychologists of the British Psychological Society).

Please be aware that this information will be used for the website, should you wish to be entered on the web directory, please therefore give as much information as you would want shown.

Personal Information (required from all applicants)

Title Mr / Mrs / Ms/ Dr / Professor Other

First Name Surname

Telephone No Email

Website address

Address for correspondence.

.....

..... Post code:

SECTION A (Website Application)

Would you like your information to be available on the AChiPPP website directory so that others can search the site and find your details as a private practitioner? (please tick as appropriate)

YES NO

ONLY SOME DETAILS. (please place a large 'X' after details *you DO NOT* want on the website search engine)

If YES which search engine do you wish appear on?

Parent Search Engine Medico-legal search Engine Both

Please give below any alternative address, telephone numbers or email that you would prefer shown on the directory to that given to AChiPPP:

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.....
.....

SECTION B (Membership Application)

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:

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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)

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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 | |

Expert Witness Day in Sheffield

First Name _____ Surname _____

Telephone number _____ Email _____

New Member (please tick)

Address for correspondence _____

_____ Post code _____

Dietary requirements (please tick as appropriate)

No / Yes (please specify)

Any disability requirements

No / Yes (please specify)

Please check you have included-

- Copy of current BPS practising certificate
- Cheque made payable to AChiPPP for £45*
- Cheque made payable to AChiPPP for £125*

***Please forward this form together with TWO cheques (one for £125 for the training day and one for £45 membership both made payable to AChiPPP) to:**

AChiPPP c/o 4 Morcote Close Shalford Guildford GU4 8DN

Telephone enquiries: 01932 887488 or 01483 456476

Email: Enquiry@achipp.org.uk