

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)

Please state what position or job title you would like advertised on the web directory if different to above :

.....

BPS Membership no.

HPC Membership no.

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 your working week is in private practice? %

What percentage of your private work is with children? %

If part time other current appointments:-

Job title

Employer

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

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

Please 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 Disorder, 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 | |

I confirm that the information provided above is correct and I do not know of any complaints about my professional services made either to the BPS or to the HPC.

Signed:..... Date:.....

Please check you have included:-

- Copy of your current Health Professions Council membership card.**
- Cheque made payable to AChiPPP for £45**
- AChiPPP logo available for £5**

Please forward to

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