



**AChiPPP**

Association of Child Psychologists in Private Practice

**MEMBERSHIP APPLICATION FORM** (Please note membership is **ONLY** open to Chartered Psychologists of the British Psychological Society and/or Psychologists working primarily with children who are registered with the Health and Care Professions Council). This organisation is for psychologists who work either full time or for a significant proportion of their working week in private practice.

*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 .....

**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 to 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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.....

**Are you registered with the HCPC as an (please tick as appropriate):**

- |  |  |
|--|--|
| <input type="checkbox"/> Clinical Psychologist           | <input type="checkbox"/> Counselling Psychologist  |
| <input type="checkbox"/> Educational Psychologist        | <input type="checkbox"/> Forensic Psychologist     |
| <input type="checkbox"/> Health Psychologist             | <input type="checkbox"/> Occupational Psychologist |
| <input type="checkbox"/> Sport and Exercise Psychologist |  |

Or additionally:

- Specialist Register of Clinical Neuropsychologists

**Please state alternative type of psychologist:**

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**BPS Membership no.** .....

**HCPC Membership no.** .....

**Membership of other professional associations (please tick as appropriate)**

- Association of Educational Psychologists
- British Neuropsychological Society
- Division of Educational and Child Psychology
- Division of Clinical Psychology CYPF
- 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
- Community Interest 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) .....

**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              |                                      |

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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 HCPC.

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

***Please check you have included your current Health and Care Professions Council and BPS membership number.***

**Please tick the box that applies to you:**

- Please could you send me bank details as I agree to pay £55 by BACS for membership/or £60 for membership and the 2018 members logo.**
- I have sent a cheque made payable to AChiPPP for £55 for membership/or £60 for membership and the 2018 members logo.**

Please email form to [enquiry@achipp.org.uk](mailto:enquiry@achipp.org.uk), you can also post the form to **AChiPPP c/o 15 Hermitage Road, St John's Woking, Surrey, GU21 8TE**