



**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:**

.....

**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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By applying for membership you are giving permission for AChiPPP to hold the information you have provided and to put your email address on jiscmail. We will use the information you have provided to respond to your enquiries and to inform you of events/work opportunities we think might be of interest to you. Via jiscmail you will receive emails from other members asking work related questions. Other than publishing your details on the AChiPPP website if you have given permission for us to do so we will not pass your information on to third parties without your prior consent.

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:.....

Or:

I confirm that the information provided above is correct and I do know of a complaint about my professional services that is currently being looked at by the HCPC, BPS or other professional body. (we wish to monitor the number of complaints made against members as we are

concerned that this may be a growing trend. You may be contacted separately regarding this but the information will not be disclosed to anyone else)

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 £75 by BACS for membership/or £85 for membership and the 2019 members logo.**
- I have sent a cheque made payable to AChiPPP for £75 for membership/or £85 for membership and the 2019 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**