

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:

.....

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 | |

**Neuropsychology and Executive Functioning Training Day
15th June 2009**

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 £175 (£130 for the training day and £45 membership) to:

***Please forward this form together with a cheque for £175 to:**

AChiPPP, "Chedeka", 15 Hermitage Road, St Johns, Surrey. GU21 8TE.

Email: Enquiry@achipp.org.uk

Any enquiries to Margaret Kuzmin, AChiPPP Administrator

margaret.kuzmin@ntlworld.com