



DIVISION OF CLINICAL PSYCHOLOGY

The Hong Kong Psychological Society Ltd.

香港心理學會 臨床心理學組

[http:// www.dcp.hkps.org.hk](http://www.dcp.hkps.org.hk)

Dear Applicant,

Thank you for your interest in joining the Division of Clinical Psychology of the Hong Kong Psychological Society (“DCP”). Membership of DCP is open to Fellows, Associate Fellows, or Graduate Members of HKPS. Applications can be sent to the Membership Subcommittee of DCP for vetting. Any recommendation made by the Membership Subcommittee will be sent to the DCP Committee for final approval.

The documents in the checklist below are required for vetting. Please remember to attach **ALL** the documents with your application before sending.

- ☐ 1. A certified true copy of certificate of undergraduate training in psychology.
- ☐ 2. A certified true copy of certificate of postgraduate training in clinical psychology (or notice of graduation if the certificate is not ready).
- ☐ 3. A certified true copy of transcript of postgraduate training in clinical psychology
- ☐ 4. Valid information about your coursework in postgraduate training in clinical psychology, e.g. course handbooks or syllabi.
- ☐ 5. Valid information about clinical practicum, e.g. placement contract, logbook which includes number of working days (8 hrs = 1 working day) in each setting, evaluation form, profession of clinical supervisor and nature of clients.
- ☐ 6. A copy of dissertation abstract.
- ☐ 7. Information on the accreditation status of postgraduate training in clinical psychology
- ☐ 8. Valid proof of membership of profession association(s) / professional registration(s) / licensure

❖ We accept **true copies** of the above documents certified by one of the following: (1) Legal practitioner; & (2) District Office of Home Affairs Department, HKSAR in the form of affidavit/affirmation (Please read Question 6 for details: http://www.had.gov.hk/en/public_services/public_enquiry_services/faq.htm#6).

Please send the application form and supporting documents together with a crossed cheque of **HK\$200 NON-REFUNDABLE** application fee payable to “The Hong Kong Psychological Society Ltd” to:

The Honorary Membership Secretary

Division of Clinical Psychology, The Hong Kong Psychological Society

Unit 1211, The Metropolis Tower 10 Metropolis Drive Hung Hom Kowloon, Hong Kong

Yours sincerely,

Membership Subcommittee

Division of Clinical Psychology, The Hong Kong Psychological Society

**DIVISION OF CLINICAL PSYCHOLOGY**

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[http:// www.dcp.hkps.org.hk](http://www.dcp.hkps.org.hk)**Division of Clinical Psychology Membership Application Form****Please read the cover page carefully before you fill in this form below**Title: ☐ Prof. ☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.

Family Name: _____

Given Name: _____

Name in Chinese: _____

Correspondence Address: _____

Contact No.: _____

Email Address: _____

1. To be eligible for DCP membership, you must be a HKPS member first. Please indicate your HKPS membership category (Choose one please)

☐ Fellow ☐ Associate Fellow ☐ Graduate

2. Have you ever been a FULL member of DCP?

☐ No (please go to Item 3)☐ Yes : Since which year? _____

3. Academic Qualification(s) Obtained Prior to the Professional Qualification in Clinical Psychology

Date (Month/Year) From - To	Study Mode (Full-time / Part-time)	Qualification Obtained (e.g. B.Soc.Sc)	Major Subject of Study	Awarding University or Institution	Place of Study	Grade (e.g. Hons. or GPA)

4. Professional Qualification(s) in Clinical Psychology

Date (Month/Year) From - To	Study Mode (Full-time / Part-time)	Qualification Obtained (e.g. M.Soc.Sc, DClinPsy, PsyD, PhD)	Awarding University or Institution	Place of Study	Accreditation of Programme (e.g. APA , HCPC, CPA)

5. If your Degree in Clinical Psychology is awarded by an overseas university/institution, are you holding a practicing license (or equivalent) of the Country where your Degree in Clinical Psychology is awarded?

☐ No (Please go to Item 6) ☐ Yes (Please provide details below)

Country	Issuing Authority	Begin Date (Month / Year)	Expiration Date (Month/Year)	Category of License or Registration	Specialty (if any)

6. Clinical Practicum / Placement / Internship

Placement / Internship (1)	
Organization	Name:.
	Address:
Duration	From: To:
	No. of working hours/ days (8 hrs = 1 working day):
Clinical Supervisor	Name:
	Profession:
	Official Position:
	Work Organization:

Client groups	Categories of clientele at the placement: (Please tick all that apply and indicate clinical hours) <input type="checkbox"/> Adults with psychological problems (_____ days) <input type="checkbox"/> Children or adolescents with psychological problems (_____ days) <input type="checkbox"/> Individuals with medical conditions or physical/intellectual/learning disabilities (_____ days) <input type="checkbox"/> Others, please specify and indicate amount of time serving the client group
Training Specification	Description of work done, assessment and therapy techniques learned

Placement / Internship (2)	
Organization	Name: Address:
Duration	From: _____ To: _____ No. of working hours/ days (8 hrs = 1 working day):
Clinical Supervisor	Name: Profession: Official Position: Work Organization:
Client groups	Categories of clientele at the placement: (Please tick all that apply and indicate clinical hours) <input type="checkbox"/> Adults with psychological problems (_____ days) <input type="checkbox"/> Children or adolescents with psychological problems (_____ days) <input type="checkbox"/> Individuals with medical conditions or physical/intellectual/learning disabilities (_____ days) <input type="checkbox"/> Others, please specify and indicate amount of time serving the client group
Training Specification	Description of work done, assessment and therapy techniques learned

Placement / Internship (3)	
Organization	Name: Address:
Duration	From: _____ To: _____ No. of working hours/ days (8 hrs = 1 working day):

Clinical Supervisor	Name: Profession: Official Position: Work Organization:
Client groups	Categories of clientele at the placement: (Please tick all that apply and indicate clinical hours) <input type="checkbox"/> Adults with psychological problems (_____ days) <input type="checkbox"/> Children or adolescents with psychological problems (_____ days) <input type="checkbox"/> Individuals with medical conditions or physical/intellectual/learning disabilities (_____ days) <input type="checkbox"/> Others, please specify and indicate amount of time serving the client group
Training Specification	Description of work done, assessment and therapy techniques learned

Placement / Internship (4)	
Organization	Name: Address:
Duration	From: _____ To: _____ No. of working hours/ days (8 hrs = 1 working day): _____
Clinical Supervisor	Name: Profession: Official Position: Work Organization:
Client groups	Categories of clientele at the placement: (Please tick all that apply and indicate clinical hours) <input type="checkbox"/> Adults with psychological problems (_____ days) <input type="checkbox"/> Children or adolescents with psychological problems (_____ days) <input type="checkbox"/> Individuals with medical conditions or physical/intellectual/learning disabilities (_____ days) <input type="checkbox"/> Others, please specify and indicate amount of time serving the client group
Training Specification	Description of work done, assessment and therapy techniques learned

Placement / Internship (5)	
Organization	Name: Address:
Duration	From: _____ To: _____ No. of working hours/ days (8 hrs = 1 working day): _____
Clinical Supervisor	Name: Profession: Official Position: Work Organization:
Client groups	Categories of clientele at the placement: (Please tick all that apply and indicate clinical hours) _____ Adults with psychological problems (_____ days) _____ Children or adolescents with psychological problems (_____ days) _____ Individuals with medical conditions or physical/intellectual/learning disabilities (_____ days) _____ Others, please specify and indicate amount of time serving the client group
Training Specification	Description of work done, assessment and therapy techniques learned

Please add extra sheet(s) if necessary.

7. Post-qualification training for obtaining licensure (if applicable)

Name of institution	Job Title	Nature of post / work / training	Nature of supervision received (if any)	Dates (Month / Year) (From - To)

8. Current employment (if any)

Name of institution:

Address:

Telephone:

Job title:

Country:

Year(s) of service:

9. Have you been subjected to any disciplinary proceeding for professional misconduct? Yes____ No____

If Yes to the question above, please provide the details in respect of each matter:

10. Please check the boxes below indicating the attachments provided with this signed application form:

- ☐ 1. A certified true copy of certificate of undergraduate training in psychology.
- ☐ 2. A certified true copy of certificate of postgraduate training/ notice of graduation in clinical psychology
- ☐ 3. A certified true copy of transcript of postgraduate training in clinical psychology
- ☐ 4. Valid information about your coursework in postgraduate training in clinical psychology
- ☐ 5. Valid information about clinical practicum
- ☐ 6. A copy of dissertation abstract.
- ☐ 7. Information on the accreditation status of postgraduate training in clinical psychology
- ☐ 8. Valid proof of membership of profession association(s) / professional registration(s) / licensure

11. Declaration and Consent

I apply to the DCP, HKPS for Membership. I certify that the information given above is true and correct to the best of my knowledge. I have enclosed all valid copies of documents required for vetting. I give consent to DCP, if necessary, to confirm with any clinical supervisors, registration board(s), universities and institutions stated in this application form about the information on my qualifications, experience, and professional membership.

Signed _____ Date _____



HKPS - PERSONAL DATA (PRIVACY) ORDINANCE

In compliance with the Personal Data (Privacy) Ordinance, the Society would like to inform applicants and members of the following:

1. On a permanent basis, the Society holds personal data of its current and past members. In order for the Society to process all applications for membership or for changes in membership in accordance with the Regulations of the Society, it is necessary for the applicants to supply the Society with personal data.
2. The information requested in the application form is needed for the identification of the person and his/her educational and professional qualifications. The information is retained, so that in the case of later disputes, the qualifications forming the basis for the membership can be ascertained. The information may also be needed in connection with election to a higher status of membership.
3. The data held by the Society relating to applicants and to Members will be kept confidential, but the Society may provide such information to:
 - i) any person under the duty of confidentiality to the Society, that is to staff members of the Society and to the members of the Council and its relevant Committees and Divisions; and
 - ii) to any third party holding a court order for the disclosure of the information.

Also the Society is publishing a register of its Members, giving the following information: Name, professional degree, professional specialty and address of practice.

4. The Society does not hold any personal data of persons whose applications for membership have been rejected by the Council on the recommendation of the Membership and Professional Standards Committee. The application forms and all supporting documents will be destroyed one month after the applicant has been informed of the rejection, unless the applicant then requests the return of the material. Thereafter the Society only retains minutes to say that an application from a person of such a name has been rejected.
5. Under the ordinance
 - i) any individual has the right to check whether the Society holds data about him or her, and the right of access to such data;
 - ii) any Member has the right to require the Society to correct data relating to him or her which are shown to be inaccurate;
 - iii) any Member has the right to ascertain the Society's policy and practice in relation to personal data and to be informed of the kind of personal data held by the Society.
6. In accordance with the terms of the Ordinance, the Society has the right to charge a reasonable fee for the processing of any requests for access to personal data.
7. Requests for access to data or correction of data or for information regarding policies and practices of data should be sent to the Hon. Secretary of the Hong Kong Psychological Society Ltd., Unit 1211, The Metropolis Tower 10 Metropolis Drive Hung Hom Kowloon, Hong Kong