



## 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>

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](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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香港心理學會 臨床心理學組

[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)



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

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

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

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

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) ____ 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

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) <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

# 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:

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**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 \_\_\_\_\_

## **Personal Information Collection Statement (PICS)**

### **Purpose of Collection**

1. Personal data collected will be used by The Hong Kong Psychological Society Limited (“Society”) for the purposes of:
  - i. processing and vetting any membership application and updating (including changing to different categories of membership), and related returns and notifications;
  - ii. verifying membership and identity;
  - iii. proving of consent & agreement;
  - iv. issuing invitation letters, appointment letters, congratulation letters, letters of good standing, testimonials, & certificates;
  - v. keeping of a register of membership and the management of all matters incidental thereto;
  - vi. providing information of members to the public to facilitate the identification of members and psychologists and about the services these psychologists provide (including display of information set out in section “Statement of Practices – 1. Membership records – a. membership application and updated information, and b. registered psychologist details”); and verifying information to be published on the Society’s website;
  - vii. processing complaints, investigations, disciplinary actions, enforcement, regulatory actions, enquiries or feedback; and publishing results or conclusions of thereto;
  - viii. organizing, communicating, promoting, inviting, providing, enrolling, vetting, and verifying of various services to members and public (meetings, subscription of publications, training, continuing education, sponsorship, social, promotional, recreational and other programmes or activities);
  - ix. conducting recruitment and human resources purposes (including consideration of job, volunteer, mentorship and internship applications);
  - x. conducting research or statistical purposes;
  - xi. administering the web services provided by the Society; and
  - xii. performing the Society’s administration and operating functions and powers in connection with registration and under other applicable legislations, rules and regulations.
  
2. It is obligatory for you to supply the Society with the data requested in this form. A failure to provide the requested personal data, or the provision of inaccurate or incomplete information may result in the Society not being able to process the application, or for the Society to perform its functions or powers.

### **Transfer of Personal Data**

3. The Society may provide necessary information to staff of the Society and to the members of the Council and its relevant Committees and Divisions, and any third party lawfully required and/or holding a court order for the disclosure of the information.
  
4. Personal data provided in a complaint will be used, disclosed or transferred only for those purposes related to the complaint, for example, it may need to be disclosed to the person / company against whom a complaint has been made and to inform relevant



regulatory bodies and professional organizations of any positive finding on the breach of professional conduct.

### **Direct Marketing**

5. The Society may use your email address for marketing (including meetings, subscription of publications, training, continuing education, sponsorship, social, promotional, recreational and other programmes or activities).
6. If you wish the Society to exclude your personal data for direct marketing purposes, please send us an email, along with your name and membership number to General Secretary at [admin@hkps.org.hk](mailto:admin@hkps.org.hk).

### **Access and Correction**

7. You have the right to request access to and to request the correction of your personal data. While certain personal data can be updated online by the member, other data access requests should be made using the form specified by the Privacy Commissioner for Personal Data which is accessible from the following link “Data Access Request Form” (<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>).

### **Enquiries**

8. Enquiries concerning your personal data provided in your enquiry, including making access and correction, should be addressed to:

General Secretary, The Hong Kong Psychological Society Limited, Unit 1211, The Metropolis Tower, 10 Metropolis Drive, Hung Hom, Kowloon, Hong Kong  
Email: [admin@hkps.org.hk](mailto:admin@hkps.org.hk)

### **Privacy Policy Statement**

9. You may click [here](#) for the Privacy Policy Statement of the Society.

I have read and understand the above Personal Information Collection Statement (PICS).

Signed \_\_\_\_\_  
(e-signature is not accepted)

Date \_\_\_\_\_