



**DIVISION OF CLINICAL PSYCHOLOGY**  
The Hong Kong Psychological Society  
香港心理學會臨床心理學組

**Subcommittee for Accreditation of Clinical Psychology Training (SACP)**  
**Division of Clinical Psychology, Hong Kong Psychological Society**

**Application for/Renewal of Accreditation of Clinical Placement Setting in  
Clinical Psychology Training**

<b>Name of Department/Organization:</b>			
<b>Address:</b>			
<b>Tel. no. :</b>		<b>Fax no. :</b>	
<b>Person in charge of the placement setting:</b>			
<b>Name and post of the applicant in the Organization:</b>			

**Area(s) of specialty for the placement setting<sup>1</sup>** (please tick the appropriate boxes):

- Adult psychological problems
- Child and adolescent psychological problems
- People with medical conditions
- People with physical/mental disabilities
- People with criminal offending behaviors

**Earnings from provision of clinical placement training:**

Supervision fee will be charged for provision of clinical training

- Yes       No

**The placement setting would like to apply for waiving of application fee for the present application<sup>2</sup>**

- Yes       No

<sup>1</sup> To satisfy the requirements for a particular specialty, the following areas would be considered: i) whether the setting has been providing placement for a specific specialty in the past; ii) staff strength involved for service provision in a specific specialty; and iii) compatibility with the specialty accredited for similar setting with similar staff strength.

<sup>2</sup> Only placement settings which does not charge supervision fee by the date of application will be considered. If charged supervision is provided during the accredited period in which the fee has been waived, the placement setting shall no longer be eligible for fee waiving. The applicant has the obligation to notify SACP in writing together with a cheque of \$2,000 for payment of the non-refundable application fee.



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**Names & Qualifications of supervisors** (Please provide information required in the table and tick the appropriate box if appropriate. Use additional sheets if necessary.):

	<i>Name &amp; title</i>	<i>Qualification in Clinical Psychology (year obtained)</i>	<i>Year(s) of service in current setting</i>	<i>DCP Membership</i>
1.				<input type="checkbox"/> Full member of DCP <input type="checkbox"/> Eligible for full membership of DCP
2.				<input type="checkbox"/> Full member of DCP <input type="checkbox"/> Eligible for full membership of DCP
3.				<input type="checkbox"/> Full member of DCP <input type="checkbox"/> Eligible for full membership of DCP
4.				<input type="checkbox"/> Full member of DCP <input type="checkbox"/> Eligible for full membership of DCP
5.				<input type="checkbox"/> Full member of DCP <input type="checkbox"/> Eligible for full membership of DCP

*Please add on a separate sheet if needed*



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**Please check ALL of the following binding statements for the application:**

The undersigned confirms that the clinical placement setting in this application has fulfilled the accreditation criteria set out by the SACP under the Division of Clinical Psychology, Hong Kong Psychological Society in May 2009.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The undersigned understands that the SACP has the right to conduct further inspection of the clinical placement setting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The undersigned undertakes to prepare all necessary documentations in compliance with the appropriate accreditation criteria for the inspection of the SACP as and when required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The undersigned has the obligation of updating the SACP for any change that may have affected the fulfillment of the accreditation criteria within three months after any of these changes has taken place.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have not applied for fee waiving, please attach a cheque of \$2,000 for non-refundable application fee addressed to Division of Clinical Psychology, Hong Kong Psychological Society.

Signed by: \_\_\_\_\_  
(Applicant)

Date: \_\_\_\_\_

Official chop of the department/organization

***Please return the completed application form to SACP Secretary, Division of Clinical Psychology, Hong Kong Psychological Society by mail addressed to Room 506, Lemmi Centre, 50 Hoi Yuen Road, Kwun Tong, Kowloon.***

All information related to the application will be kept confidential and will only be used for the accreditation process. Such information is only accessible to members of the Subcommittee for Accreditation of Clinical Psychology Training (SACP), members of Accreditation Panel, and DCP Committee in case of appeal.