

APPLICATION FOR ADMISSION TO MASTER OF PSYCHOLOGY (CLINICAL)

1. PERSONAL DETAILS

Name:
Address:
Business hours contact number:
Fax number: Email address:

2. ACADEMIC QUALIFICATIONS

Year	Institution	Award

Please include a certified copy of your academic transcript/s with your application.

3. REGISTRATION

Are you registered as a psychologist in your state? Yes/No
If "yes", list the states in which you are registered and your registration number:

Please provide evidence of your registration status with your application.

4. PROFESSIONAL AFFILIATIONS (e.g. Australian Psychological Society)

5. OTHER PROFESSIONAL QUALIFICATIONS

6. PROFESSIONAL EXPERIENCE AS A PSYCHOLOGIST (list the positions you have held as a psychologist, starting with the most recent, the dates you have held this position, and a brief description of what the job entailed)

Duration	FT, PT or casual	Employer	Position	Main Duties
From To				
From To				
From To				
From To				

