

***NZCCP Membership Application Forms***

**Explanation of Membership Categories**

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| Thank you for considering joining the NZ College of Clinical Psychologists (NZCCP). The NZCCP has over 800 members and there are many **benefits** of being a member.  |
| This is to help you figure out the type of membership that is right for you and point you to the right membership form. |
| There are three types of membership open for people joining the NZCCP. These are:  |
| Student Membership | This is for people who are currently formally enrolled in a Clinical Psychology training programme at a New Zealand University. You can be in any year of the clinical programme, but must have been accepted into the actual Clinical Psychology programme to be able to join the NZCCP.  |
|  | **Go to Student Member Application Form** |
| Associate Membership | This is for people with a **recognised** clinical psychology qualification who have started practising as a fully qualified Clinical Psychologist in New Zealand in the last year, whether they have recently graduated or whether they are an experienced overseas practitioner who has been practicing in New Zealand for less than a year. Associate members enjoy the same rights and benefits as full members (at a reduced membership fee!). |
|  | **Go to Associate Member Application Form** |
| Full Membership | This is for people with a **recognised** clinical psychology qualification who have practiced as a fully qualified Clinical Psychologist in New Zealand for more than a year and are able to provide a Supervisor’s Report from a New Zealand Registered Clinical Psychologist covering the period of at least a year after qualification.  |
| Note for applicants with overseas qualifications:Please note that the board of membership will make a detailed analysis of the applicant’s academic transcript relating to their clinical psychology qualification. The establishment of equivalence to a New Zealand based qualification will be made on a case by case basis. Applicants are able to submit their transcript for establishment of equivalence prior to making a full membership application.**Go to Full Member Application Form** |
| Hyperlink/ Footnote | **benefits** | [hyperlink] to the “Benefits of Membership” page.[Footnote] give the web address for the “Benefits of Membership” page or provide the “Benefits of Membership” pamphlet with the paper form.  |
| **recognised** qualification | Some clients, employers, and contractors look to NZCCP membership as an indicator of high-quality training and practice. To honour this trust, NZCCP membership criteria requires robust training specific to clinical psychology. For New Zealand graduates, this means a D.ClinPsy or a Masters/PhD plus the P.G.DipClinPsych. Overseas qualifications are evaluated on a case-by-case basis. This means that some people who have qualified for the New Zealand Psychologists Board may not be eligible for NZCCP membership.  |



***Application for NZCCP Student Membership***

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| *This form is for people who are currently formally enrolled in a Clinical Psychology training programme at a New Zealand University. You can be in any year of the clinical programme, but must have been accepted into the actual Clinical Psychology programme to be able to join the NZCCP.* |
| ***Student membership is free*** |
| First names  |
| Family Name | Title: Dr/Ms/Mrs/Miss/Mr  |
| Date of Birth / / | Gender: M/F/O | Ethnic Origin |
| If you are of Maori descent, please supply details of your |
| Iwi:  | Rohe (Iwi Area): |
| Mailing address |
| Telephone | Mobile /Home Phone | Fax |
| Email |
| Course in which you are enrolled: |
| University | Expected date of graduation |
| **I hereby apply to become a Student Affiliate of the New Zealand College of Clinical Psychologists** |
| **I also make the following declarations:** |
| *I agree to abide by the Rules of the College* | **True/False** |
| *I have not been the subject of any complaint to the Health and Disabilities Commissioner, the New Zealand Psychologists Board or an equivalent overseas body.*  | **True/False** |
| (If there is such a complaint I agree to provide details of the complaint to the President of the NZCCP and authorise the agency to whom the complaint was made to release all records and information pertaining to the complaint to the President of the NZCCP for the purposes of assessing my eligibility to be a member or associate member of the NZCCP. (If you have please supply details addressed to the President, NZCCP, PO Box 24088, Wellington, under separate cover and marked “Confidential”) |
| **The above Information is true and accurate** |
| Signed | Date |
| **Enclose evidence of enrolment, or alternatively, have the following completed:** |
| I confirm that the above-named student is enrolled in the postgraduate University Clinical Psychology Training Course at …………………………….University |
| Signed  | (Course Director or Academic Staff Member) | Date: |

**THANK YOU FOR YOUR APPLICATION**