

Registration Form

Contact details - Please complete using BLOCK CAPITALS and black ink

Title (please circle)	Mr Mrs Miss Ms Dr Professor No Title Other		
Surname		Previous surname (if applicable)	
Forenames		Date of birth	
CRR membership number (if known)		Approx lapse date if you are rejoining	
Contact address (Where Member List address is entered, this address will be available to the public unless otherwise indicated below) Postcode This address to be made public? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Email address		Daytime telephone	
Mobile telephone		Fax number	

Qualifications - Applicants must include documentary proof of qualifications

Title and classification of qualification	Name of awarding University or Institution	Start date	Date of award or expected completion
<i>e.g. BSc Hons Psychology</i>	<i>UNISA</i>	<i>Feb 2002</i>	<i>May 2006</i>

Employment- Please list the principal appointments held **OUTSIDE THE India** since obtaining qualifications in psychology (continue on a separate sheet if necessary). It is often useful to include a CV.

Job title/occupation	Employer	Date from	To

Registration/licensing outside the INDIA - Please list below any registration or licensing you hold or have held

Name of registration/licensing authority	Grade of registration/licensing	Date from	To

Reference

We will need references from two psychologists, one of whom should be able to confirm the details of your professional training and the second to comment on your professional work following training.

1 . Name :

Contact Details :

2 . Name :

Contact Details :

Declaration

I declare that the information given in this form and any supporting documentation is true and accurate. I have read the code of *Conduct* and undertake to abide by and operate within them at all times. The *Member Conduct Rules* are available on the website www.clinicalpsychologistkerala.com

Signed:

Date:

Payment

The appended sustenance and legal fees amount you need to pay. Payment methods are detailed below:

ACCOUNT NAME: INDIAN ASSOCIATION OF CLINICAL PSYCHOLOGISTS-KERALA REGION

ACCOUNT NUMBER: 35661858978

NAME OF THE BANK: STATE BANK OF INDIA

BRANCH CODE: 12857

IFSC CODE: SBIN0012857

MICR : 682002045