

**Hong Kong
Clinical Psychologists Association**

香港臨床心理學家協會

Est. 1980 (Registered Trade Union No. 604)



Address:
P.O. Box 78803, Mongkok Post Office
Website: www.hkcpa.org.hk
E-mail: enquiry@hkcpa.org.hk

MEMBERSHIP APPLICATION FORM

*Required information Please print clearly °Cross out the inapplicable N.A. = Not applicable

Personal Information

*Full Name (surname first): _____ (°Miss/ Ms/ Mrs/ Mr/ Dr)
 Name in Chinese: _____ *Are you ordinarily residing in Hong Kong? °Yes / No
 Gender: _____ *Contact phone number: _____ *Permanent e-mail: _____
 *Correspondence address: _____

***Academic Qualifications (*official evidence required; at least one must indicate “Clinical Psychology”)**

Year	Qualification	Subject / Field	Conferring Institute	City - COUNTRY
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Clinical Psychology Professional Affiliations (*official evidence required)**

Are you currently a member of the Hong Kong Psychological Society Division of Clinical Psychology? °Yes / No
 Are you currently a member of another professional psychologists body with a code of professional conduct? °Yes / No

***Current Clinical Psychology Related Employment in Hong Kong (or please attach your business card)**

Category: °Gov't/ HA/ NGO/ academic/ private/ other: _____ Job Title: _____
 Work unit: _____ Specialty: _____
 Name of employer: _____

*If currently not employed as “clinical psychologist”, please provide details here or on separate sheet for consideration by the Executive Committee:
 _____ (N.A.)

Before signing, please read the information and fill in the blanks on page 2. Please submit BOTH PAGES

Declaration I declare that the facts stated in this form and all the attachments are true. I confirm I have never been the subject of an adverse finding by any statutory, disciplinary or professional body or tribunal, nor, so far as I am aware, am I the subject of any investigation by any statutory, disciplinary or professional body or tribunal.

*Applicant’s signature: _____ *Date: _____

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HKCPA ExCo use Data complete Evidence complete DCP confirmed Entry fee received: \$ _____
 Outstanding item: _____ Receipt number: _____ Subscription received: \$ _____
 Letter sent date: _____ / _____ Membership valid thru: _____ / _____

NOTICE TO APPLICANT ABOUT COLLECTION OF PERSONAL DATA IN COMPLIANCE WITH THE PERSONAL DATA (PRIVACY) ORDINANCE, CHAPTER 486 OF THE LAWS OF HONG KONG

1. Purpose of Collection: The personal data you voluntarily provided through this application form and attachments will be used by the Hong Kong Clinical Psychologists Association (HKCPA) for the purposes approved by the HKCPA Executive Committee including but not limited to HKCPA membership consideration, HKCPA membership registration, HKCPA activity planning, and communication between you and HKCPA.

2. Consequences of failure to supply personal data: Your truthful information is necessary for the purposes mentioned in paragraph 1 above, failure to provide as required may result in the delay or decline of your application and/or disruption of HKCPA communication with you about HKCPA matters.

3. Classes of transferees: The personal data you provided through this application form may be disclosed to statutory authorities when lawfully required and/or other persons for the purposes mentioned in paragraph 1 above.

4. Access to Personal Data: You have a right to request access to and to request correction of the personal data you provided to HKCPA. To access the data, you should write to the Secretary, Hong Kong Clinical Psychologists Association, at the electronic or the registered address specified in www.hkcpa.org.hk.

5. Amendment to Personal Data: You should submit a fresh Personal Information Update Form available from HKCPA website.

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ENTRY & SUBSCRIPTION FEES (endorsed by the General Meeting)

- Entry fee (chargeable upon application) HK\$100, *PLUS either:*
 - Annual Subscription (1st January to 31st December) HK\$100, *or*
 - Half-year Subscription (1st July to 31st December) HK\$ 50, *or*
 - Coming 3-Calendar Years Subscription Concession HK\$270

1) Payment by cheque:

Payable to **Hong Kong Clinical Psychologists Association**

2) Payment through e-banking service or automatic teller machine (ATM pay-in slip required)

Payable to **HSBC a/c 119-175792-001**

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APPLICANT MUST CHECK APPLICABLE BOXES BELOW BEFORE SUBMISSION

- I have completed and signed page 1 of this form.
- I am attaching official evidence of academic qualifications (including one specifying "Clinical Psychology")
- My name appears in HKPS DCP Membership Directory (<https://www.hkps-dcp.org.hk/en/home-en/member-directory-en>), *or*
- I am attaching official evidence showing my full membership in HKPS Division of Clinical Psychology
- I am attaching official document showing my other clinical psychology affiliation
- I am paying fees HK\$ _____ by cheque.
- I have signed my cheque correctly, spelled every word correctly, and written my full name on the back of it, *or*
- I have paid fees HK\$ _____ via e-banking (date) _____ Ref. No. _____, *or*
- I have paid fees HK\$ _____ via ATM and I am attaching the ATM pay-in slip with my name written on it.
- I am submitting other document(s) for consideration by the Executive Committee of HKCPA

Please submit BOTH PAGES by mail to HKCPA registered address or by hand to any HKCPA ExCo Member