



HONG KONG CLINICAL PSYCHOLOGISTS ASSOCIATION

香港臨床心理學家協會

BRIEF INTRODUCTION ON HKCPA

The HKCPA is a registered trade union in Hong Kong. It took its present name in March 1991, when its precedent "Association of Government Clinical Psychologists" (formed in 1980) was re-organized.

Some of its objects are:

- 1) To secure the complete organization in the Association of all qualified Clinical Psychologists in practice in Hong Kong;
- 2) To obtain and maintain just and proper scale of salaries, hours of work and other conditions of employment, and generally to protect the interests of members;
- 3) To regulate relations and to settle disputes between members and employers, between one member and another, and between members and other employees by amicable and conciliatory means;
- 4) To promote a spirit of mutual respect and understanding between the Association and employers and to secure the establishment of recognised and permanent machinery for negotiation with the employers;
- 5) To promote the welfare of the members and their families;
- 6) To promote legislation in the interests of members.

Membership:

The Association is open to all persons who possess the professional qualification to practise as Clinical Psychologists in Hong Kong, which shall generally be a satisfactory completion of an approved course of post-graduate training in the field of Clinical Psychology at a recognised institution, **AND** are engaged in the practice of Clinical Psychology under one or a combination of the following professional activities:

- (i) employed as a Clinical Psychologist in the public sector or a non-government organisation in Hong Kong;
- (ii) in private practice as a Clinical Psychologist;
- (iii) in teaching activities in a discipline involving direct application of the knowledge in Clinical Psychology; and/or;
- (iv) in research activities in direct relations with Clinical Psychology.

The professional qualifications of all new applicants to the Association, **shall be vetted by the Executive Committee**, which shall have the full right and final discretion to refuse admission of unqualified applicants.

You are cordially invited to join us by filling in this form and supporting documents, including the crossed cheque made payable to: "Hong Kong Clinical Psychologists Association", and returning it to the following correspondence address:

Ms. Kelly LAU
Hong Kong Clinical Psychologists Association,
c/o Central Kowloon Child Assessment Centre,
2/F, 147L Argyle Street, Kowloon.
(Fax: 2715-3447, Email: enquiry@hkcpa.org.hk)

You will be asked to pay an entrance fee (\$100) and an annual subscription fee (\$100) upon admission. The annual subscription fee is **due on 1 Jan of each year**.

Thank you for your interest in joining us!

APPLICATION FOR MEMBERSHIP
Part A: To be completed by all applicants

*Circle the appropriate item

Personal Information:

Name (in full, surname first): _____ (Dr/Mr/Mrs/Ms/Miss*)

Name in Chinese, if applicable: _____ Sex: Male/Female* Date of Birth: _____

Correspondence Address: _____

Telephone Number: _____ (day) _____ (evening) Mobile/Pager: _____

Fax: _____ Email Address: _____

Academic and Professional Qualifications (graduate, post-graduate levels and above):

(Please include documentary evidence of the qualifications listed for reference)

Degree/Diploma	Major Subject	Year	Conferring Institution
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Did your clinical psychology training programme requirements include:

- 1) a Masters level (or above) thesis/dissertation? Yes/No*
- 2) supervised training/clinical placement? Yes/No* (If yes, give details of the placement, like the area & duration of training; e.g. child psychiatry - 100 working days; adult psychiatry - 50 working days etc.)

Are you a member of the Division of Clinical Psychology, Hong Kong Psychological Society? Yes/No*
(please enclose valid proof of membership)

Current Employment:

Employer category*: HKSAR Government/ Hospital Authority/ NGO/Private/ Academic/ Overseas/ Others: _____

Name of Employer (e.g. SWD, DH-CAS): _____ Job Title: _____

Work Address: _____

Employment terms (if applicable): a) Permanent/Contract/Temporary/Others*: _____

b) Full-time/ Part-time/Others*: _____

Job specialties (please select no more than 2):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Child Psychiatry/Psychology* | <input type="checkbox"/> Adult Psychiatry/Psychology* | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Child/Adult Rehabilitation* | <input type="checkbox"/> Family/Social Service* | <input type="checkbox"/> Consultation |
| <input type="checkbox"/> General Medical | <input type="checkbox"/> Health Psychology | <input type="checkbox"/> Forensic |
| <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Others: _____ | |

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Official Use: Date of admission: _____ Membership No.: _____

Letter sent on: _____ Entrance & Subscription fee paid on: _____

APPLICATION FOR MEMBERSHIP

Part B: To be completed only by new applicants who are currently not employed under the title of “Clinical Psychologist”

As you are currently not employed under the title of “Clinical Psychologist”, you are required to complete this form and return to the above-named at your convenience. The approval for your membership application is subject to vetting by the Executive Committee that your job nature is related to Clinical Psychology. Thank you.

Please briefly describe the nature of your current job and how it is related to clinical psychology:

Applicant’s Signature: _____

Applicant’s Name (in full, surname first): _____

Date: _____