

**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](http://www.hkcpa.org.hk)  
E-mail: [enquiry@hkcpa.org.hk](mailto: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: \_\_\_\_\_

# Membership application will only be approved if the member is an ordinarily resident in Hong Kong. Please refer to

<https://www.immd.gov.hk/eng/services/roa/term.html#:~:text=A%20person%20has%20ordinary%20residence,temporarily%20absent%20from%20Hong%20Kong> for definition of 'Ordinary Residence')

### \*Academic Qualifications (\*official evidence required; at least one must indicate "Clinical Psychology")

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

### \*Clinical Psychology Professional Affiliations

Are you currently a member of the Hong Kong Psychological Society (HKPS) Division of Clinical Psychology (DCP)

or an accredited registrant in Hong Kong Institute of Clinical Psychologists (HKICP)?    °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:

\_\_\_\_\_

**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: \_\_\_\_\_

**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](http://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 (1<sup>st</sup> January to 31<sup>st</sup> December) .....HK\$100, *or*
  - Half-year Subscription (1<sup>st</sup> July to 31<sup>st</sup> 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 ordinarily residing in Hong Kong.
- I have full membership in Division of Clinical Psychology (DCP) of The Hong Kong Psychological Society (HKPS), *or*
- I am an accredited registrant in Hong Kong Institute of Clinical Psychologists (HKICP), *or*
- 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

\* HKCPA reserves the right to request for additional documents (such as official evidence of academic qualifications) for approval process whenever applicable

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

**HKCPA ExCo use**      Data complete       Evidence complete       DCP confirmed       Entry fee received: \$

Outstanding item:      Receipt number:      Subscription received: \$

Letter sent date:      /      Membership valid thru:      /