The Psychological Society of Ireland

Cumann Síceolaithe Éireann

Division of Sport, Exercise & Performance Psychology

Please complete this form and return to with copies of relevant certificates / academic transcripts, and the membership fee of €20 for Full Members. Affiliate & Corresponding Membership is €55.

The Membership Secretary

Division of Sport, Exercise & Performance Psychology

The Psychological Society of Ireland

2nd Floor, Grantham House

Grantham Street

Dublin 2

For further enquires, please contact DSEP Chair

Mark Campbell @

Phone: + 353 - 61 - 234944

Email: **Sportpsychology@psihq.ie**

Please note that the information you provide will be deemed confidential to within members of DSEP and the PSI. Your details will not be passed on to third parties outside the society.

Categories of Membership **As outlined in the Rules for the Division of Sport, Exercise & Performance Psychology (Section 3).**

Affiliate Membership – Applicants who are studying, or have completed a relevant post graduate course recognised by the division, or, are a graduate PSI member with two years relevant work experience recognised by the division.

Full Membership - Applicants who are graduate members of the PSI, and have completed a recognised course of post graduate study, and have three years work experience recognised by the division. Or, graduate members who have five years work experience recognised by the division.

Corresponding membership- is open to anyone with an interest in sport, exercise or performance psychology but who does not qualify for Full or Affiliate Membership. The Division may, at its discretion, remove any individual from the list of Corresponding members.

Personal Details

Having read the rules of the division, and terms of ethical conduct, I wish to apply to become a member of the Division of Sport, Exercise & Performance Psychology. Please tick the membership type you wish to apply for. Please PRINT information.

Affiliate Member Full Member

Title

Name _____

Address (Please tick which mailing address you'd prefer).

Home _____

_____

_____

Tel. No. _____

Mob. _____

E-mail _____

Work _____

_____

_____

Tel. No. _____

Fax _____

E-mail _____

PSI Membership No. _____

Are you a	registered, and or	chartered psychologist (BPS)	No	Yes

If Yes, give registration number, and year of accreditation _____/_____

Are you a member of any other division of the PSI. No Yes

If Yes, give details _____

Are you a member of any other psychological or related society No Yes

If Yes, give details

1. _____

2. _____

3. _____

Relevant Academic Credentials

(Please attach copies of certificates / academic transcripts)

Please continue overleaf if necessary.

Relevant Professional / Certified Qualifications

Degree Type (E.g. M.Sc., B.A.)		**Year Conferred**	
Name of Course			
Name of Institution / University			
Thesis / Dissertation Title			

Degree Type (E.g. M.Sc., B.A.)		**Year Conferred**	
Name of Course			
Name of Institution / University			
Thesis / Dissertation Title			

Institution			
Course Title			
Duration		**Year**	

Institution			
Course Title			
Duration		**Year**	

Institution			
Course Title			
Duration		**Year**	

Research Interests and Areas of Professional Competency.

E.g. Organisational Design / Theory & Behaviour, Change Management, Social Psychology of Work, Health Psychology, Human Performance, Human Resources, Research Methods, and Psychometrics.

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Relevant Work Experience (Starting with the most recent)

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Relevant Information in Support of Your Application.

I declare the information provided here to be true, and agree to abide by the rules of the division, and the codes of conduct as outlined by the Psychological Society of Ireland.

Signed _____ *Date* _____/_____/_____

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Job Title					
Employer / Company Name					
From		**To**		**Location**	
Describe the psychological aspects of your work					

Referees

Please insert the names of two referee's who must be existing full members of the PSI, and one must be a current member of DSEP

1 Title_____

Name _____

Address_____ _____

_____

_____

Contact No _____

Employer / Work status_____

Occupational Title _____

PSI Membership No. _____

_____

2

Title_____

Name _____

Address _____

_____

_____

Contact No _____

Employer / Work status _____

Occupational Title _____

PSI Membership No. _____

For Official Use Only

Date Received / /	Copies of Certificates Attached
Payment Received & Correct	Reviewed by Division on / /
Referee's Checked (1) / / (2) / /	
Membership Approved (No.) Refused	
Reason for refusal _____	