



**Psychological Society of Ireland  
Division of Neuropsychology  
MEMBERSHIP APPLICATION FORM**

Completed application forms to be returned with scanned supporting documentation to the membership secretary by email to

[neuropsychology@psihq.ie](mailto:neuropsychology@psihq.ie)

All applicants must complete sections 1 to 7.

Section 8 must be completed by those applying for Full Member Practitioner Status. Section 8 MUST be co-signed by a clinical supervisor.

Completed application forms will be reviewed by the membership secretary and the membership committee

Please see [www.psihq.ie/psi-division-neuropsychology](http://www.psihq.ie/psi-division-neuropsychology) for further information

## Section 1 – personal information

I wish to apply for...  Full Member Practitioner Status

(tick *only one*)  Full Member General Status

Affiliate membership

...of the PSI Division of Neuropsychology (refer to section 2 for guidance and to indicate your eligibility for each membership grade)

Title:  Dr  Mr  Ms  Other

Name: .....

Address: .....

.....

.....

Tel No: .....

Email: .....

Job title: .....

Employer: .....

PSI membership number: .....

Registered member of PSI?  Yes  No

## Section 2 – Membership Category Please select **one** category only

**Full Member Practitioner Status.** This category of membership is intended for practicing clinical neuropsychologists. Applicants must meet the criteria set out in **both** Part A and Part B below.

**Part A:** A PSI accredited professional qualification in clinical psychology.  
*Applicants must attach a copy of their award.*

**Part B:** Applicants must meet **either one** of the following two conditions:



### Condition 1

Applicants must hold a post-graduate practitioner qualification in an area directly relevant to the application of clinical neuropsychology (e.g., MSc/Pg.Dip in applied/clinical neuropsychology)

### AND

Applicants must have completed at least one year's full time supervised practice (or part-time equivalent) **since** completing their clinical neuropsychology qualification, where clinical neuropsychology constitutes the majority of that practice.

*Applicants **must** attach a copy of their clinical neuropsychology qualification. Applicants **must** attach evidence of their supervised experience, completing section 9 including supervisor's signature.*

OR



### Condition 2

Applicants must have completed at least four years full-time (or part-time equivalent) clinical experience, where clinical neuropsychology constitutes the majority of that clinical practice. This experience must have been gained **since** completion of their professional clinical qualification and must have been carried out under the supervision of a Practitioner Member of the Division (or a supervisor eligible for this).

*Applicants **must** attach evidence of their supervised experience, completing section 9 including supervisor's signature.*



### Full Member General Status

This category of membership is intended for any graduate member of the Society who has completed research in the area of neuropsychology at PhD level or equivalent where the primary area of investigation was clearly related to neuropsychology.

*Applicants **must** attach copies of the title and abstract of their PhD (or other research) together with a copy of their award certificate.*



### Affiliate Membership

This category of membership is intended for those with an interest in neuropsychology. Affiliate membership of the Division is open to any graduate member of the Society who has an interest in the academic or clinical practice of neuropsychology.

The Membership Committee's decision as to the outcome of applications is final.

### Section 3 – Qualifications relevant to your application

Dates	Institution	Title of qualification awarded including undergraduate education and thesis title (where appropriate)

### Section 4 – Experience relevant to your application

Include both (1) in-service, supervised training experience as part of a qualification and (2) post-qualification positions. Make clear (with an asterisk) which roles were part of training

Dates	Position Held	Organisation	Supervisor

## Section 5 – Membership of other relevant professional bodies

It may be helpful for the Committee to know of your membership or registration with other professional bodies (particularly if you studied or practiced outside Ireland).

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## Section 6 – Sharing of contact details

DoN is approached occasionally by individuals (including solicitors) seeking contact details of practicing neuropsychologists. If you are applying for Full Member Practitioner Status and would like your details to be included on a list of members for distribution by PSI please tick the box below and provide details as you would like them listed. Neither DoN nor PSI recommends or endorses the work of individual practitioners.

Name: ..... Telephone: .....

E-mail: ..... Region: .....

Tick if you are available for:  Medicolegal work  Supervision

Specialist areas: .....

.....  
.....

## Section 7 – Declaration

I declare that the information provided in this application is accurate and that I am a current subscribing member of the Psychological Society of Ireland.

Signed ..... Date .....

Notes:

1. All applications for membership must be accompanied by scans of qualifications, proof of PSI membership / registration and other supporting information requested above.
2. Membership fees are payable to the Psychological Society of Ireland following the decision of the membership committee. The membership fees (payable annually) are currently as follows:  
€20 (Full Member Practitioner and General Status)  
€10 (Affiliate Membership)  
Fees must be paid annually. Members that fail to pay fees will have Division membership revoked.
3. As part of the application process you may be contacted and required to provide further information. Please ensure you supply accurate contact details for supervisors / referees as appropriate.
4. Please ensure you have included scans of all information referred to in section two and that you have completed, signed and had verified Section 8 (as appropriate). Free scanning apps are easily available in the app store to facilitate scanning.
5. In exceptional circumstances applications may accepted by post: Membership Officer, Division of Neuropsychology, Psychological Society of Ireland, Floor 2, Grantham House, Grantham Street, Dublin 2. Applications received by post will take significantly longer to process.
6. Applicants are reminded that the Division of Neuropsychology does not have statutory, regulatory or accrediting authority in relation to the clinical, research and/ or academic practice of members, and therefore does not accept any responsibility for members where their practice contravenes accepted professional, clinical, academic and or ethical practice. Applicants are reminded also that as members of PSI, they have undertaken the commitment to comply with the PSI Code of Ethics.
7. This application form will be reviewed and updated by the committee of the Division of Neuropsychology periodically. The most up to date version will always be available on the DoN webpage.

# Section 8– Summary of Supervised Clinical Neuropsychology Practice

Complete this section only if you are applying for Full Member Practitioner Status of the Division of Neuropsychology.

This form **must** be signed by your supervisor, who must themselves be a Practitioner Member of the Division, or eligible for this status. Attach additional pages if required.

How many hours of direct (1:1) clinical neuropsychology supervision have you received with the supervisor named below?		What dates did your period of supervised clinical neuropsychology practice with this supervisor begin and end?	
Frequency of relevant supervision (weekly, fortnightly, monthly)		What is the approximate ratio of your clinical contact hours to supervision hours?	
Please briefly outline the nature of your current and / or previous clinical neuropsychological practice. Indicate roughly how many hours of your week relate to clinical neuropsychology and how many to other clinical work.			
Please describe the clinical groups you have worked with during the period described here (e.g., patients with TBI, post-stroke, degenerative conditions, dementia, etc.).			
Please list assessment tools and techniques with which you are competent (list tests, briefly summarise any other types of assessment).			

**Signed & Dated:** ..... (Applicant)

**Supervising Clinical Neuropsychologist: Statement, Signature, and Professional Information**

*The above record accurately reflects the applicant's work in a typical week over a period of at least one year, supervised by me personally. I am a Practitioner Member of the Division (or eligible for Practitioner Membership). I understand that I may be contacted and asked for further information.*

**Signed & Dated:** .....(Supervisor)

**Print Name:** .....

**Professional Society:**.....**Membership Number:**.....

**Statutory Regulator (if applicable):**.....**Registration/Licence Number:**.....

**Contact details:** .....