



DWOP Membership Application Form

Please complete this form and return to the following address with copies of relevant certificates / academic transcripts, and the membership fee of €40 for Full Membership or €20 for Affiliate Membership

The Membership Secretary
Division of Work and Organisational Psychology
The Psychological Society of Ireland
Floor 2
Grantham House
Grantham Street
Dublin 8

It is also advisable to confirm by email to the DWOP Membership Secretary inbox that you have submitted a postal application form workandorganisation@psychologicalsociety.ie
For further enquiries, please contact either:

- ☐ Psychological Society Of Ireland
 - ☐ The Psychological Society of Ireland
 - ☐ Floor 2
 - ☐ Grantham House
 - ☐ Grantham Street
 - ☐ Dublin 8

☎ 01 4720105

💻 www.psychologicalsociety.ie

or

Mike Murphy, the DWOP Membership Secretary
Email: workandorganisation@psychologicalsociety.ie

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

Categories of Membership

Full Membership - Graduate member of the PSI who has completed a recognised Post Graduate Masters in Work & Organisational Psychology and has a min. three year's work experience recognised by the Division.

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.

1. 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 Work and Organisational Psychology. Please tick the membership type you wish to apply for. Please PRINT information.

Affiliate Member Full Member
Title Prof Dr Ms Mr

Name _____

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

Home _____

Tel. No. _____

Mob. _____

E-mail _____

Work _____

Tel. No. _____

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. _____

2. Relevant Academic Credentials

(Please attach copies of certificates / academic transcripts)

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

Please continue overleaf if necessary.

3. Relevant Professional / Certified Qualifications

Institution			
Course Title			
Duration		Year	
Institution			
Course Title			
Duration		Year	
Institution			
Course Title			
Duration		Year	

4. 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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5. Relevant Work Experience (Starting with the most recent)

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

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

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

6. Additional 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 ____/____/____

7. Referees

Please insert the names of two referees who must be existing full members of the PSI, and one must be a current member of DWOP.

Referee 1:

Name: _____

Address: _____

Contact No: _____

Employer / Work Status: _____

Occupational Title: _____

PSI Membership No. _____

Signature: _____

Date: _____

Referee 2:

Name: _____

Address: _____

Contact No: _____

Employer / Work Status: _____

Occupational Title: _____

PSI Membership No. _____

Signature: _____

Date: _____

For Official Use Only

Date Received / /	Copies of Certificates Attached <input type="checkbox"/>
Payment Received & Correct <input type="checkbox"/>	Reviewed by Division on / /
Referee's Checked (1) / /	(2) / /
Membership Approved <input type="checkbox"/> (No.) Refused <input type="checkbox"/>	
Reason for refusal	