# Cyprus Psychological Association

# Membership Application Form

**Eligibility**

Membership to the Cyprus Psychological Association is open to individuals meeting the criteria in one of the two following categories:

**1. Full members**

a) Graduates who hold an undergraduate degree in Psychology, which is awarded by a University or Institution that has been recognized as a higher education institution and is recognized by the local authorities of the Republic of Cyprus.

**AND**

b) Hold a postgraduate degree in Psychology, which is awarded by a University or Institution that has been recognized as a higher education institution and is recognized by the local authorities of the Republic of Cyprus.

**2. Student members**

a) Students, who at the time of their membership application, study for an undergraduate degree in Psychology at a University or Institution that has been recognized as a higher education institution and is recognized by the local authorities of the Republic of Cyprus, OR

b) Postgraduate students who hold an undergraduate degree in Psychology and, at the time of their membership application, study for a postgraduate course in Psychology (Master or PhD level) at a University or Institution that has been recognized as a higher education institution and is recognized by the local authorities of the Republic of Cyprus.

**3. Non-full members**

**a)** Graduates, who at the time of their membership application, hold **only** a Degree in Psychology from a higher education institution that has been recognized as a higher education school and is recognized by the local authorities of the Republic of Cyprus. It is noted that these individuals may not have completed their postgraduate education yet.

**4. Affiliated members**

a) Graduates who at the time of their membership application, hold an undergraduate degree, which is awarded by a University or Institution that has been recognized as a higher education institution and is recognized by the local authorities of the Republic of Cyprus.

**AND**

b) Hold a postgraduate degree in Psychology, which is awarded by a University or Institution that has been recognized as a higher education institution and is recognized by the local authorities of the Republic of Cyprus.

**Instructions**

Please check if you have submitted the following:

* Completed membership application
* Copies of all relevant academic qualifications stating that Psychology is the main subject of studies (Undergraduate or Postgraduate level) from a University or Institution that has been recognized as a higher education institution and is recognized by the local authorities of the Republic of Cyprus.
* Certificate of clear criminal record, that states that you have not been convicted for the last 5 years for an offense involving moral obscenity or dishonesty. The criminal record must have been issued no later than 6 months from the date of application.
* Certificate that the applicant is not included in the Record of Convicts for offenses referred to in Article 22 (I) of Law 91 (I) / 2014, on "Prevention and Combating of Sexual Abuse, Sexual Exploitation of Children and Child Pornography", which keeps the Cyprus Police, pursuant to Article 22.
* Proof of payment of the assessment cost of the application, which is 25.00 euros. Please take into account that the cost of examining the application is NON REFUNDABLE in case of incomplete or rejected application.
* In case of student (undergraduate/ postgraduate): Official confirmation of your student status in Psychology at the time of application. education

Please note that the above documents will not be returned to the applicant, while by sending this information you consent to be processed for the purpose of evaluating your application.

**Is an archived copy of the application kept?**

The Cyprus Psychological Association is committed to the protection of privacy rights and personal data in the management of information provided for the purposes of membership application, as defined by the European GDPR Directive.

The information resulting from the application is stored in a secure electronic database maintained by CYPSA.

By sending your application, you consent as CYPSA keeps in its files the forms that you have sent for your registration.

Applications submitted in hard copy are safely destroyed within one month of the submission, if the applicant withdraws the application or has an objection to the decision of the Executive Board.

In case that CYPSA receives an application with incomplete information then the applicant will be contacted to submit the remaining forms or information. For this purpose, the applicant is given a margin of up to three (3) months after the submission of the application. In case of non-response, the application is destroyed after the completion of the period of three (3) months and the assessment amount is NON refundable.

Your personal information contained in this application is kept confidential and is accessible only to the members of the Board, which consist the application evaluation committee. This information will be used for archival purposes, for the obligations of CYPSA arising from the Law on the Registration of Psychologists of 1995 and for the communication of information related to news and activities of CYPSA, the wider field of Psychology and related issues. No third party will have access to your data.

**What is the application process?**

Your application will be evaluated by the Executive Board of the Cyprus Psychological Association and you will be informed about its success. If the application is successful, then you will be informed to proceed with the payment of the cost of the annual subscription.

If your application is rejected or incomplete, you may be asked to submit additional documents or certificates if necessary. The application can be rejected at this stage. In case additional documents or certificates are requested, the applicant is required to do so within a period not exceeding three (3) months. At the end of this period, the application will be rejected. In all cases the cost of evaluating the application will not be returned.

**Duration of application evaluation**

The time required for the evaluation and approval of the application does not exceed 20 working days.

**Upon completion of the application**

You can send the application and all the required certificates and documents electronically by email to info@cypsa.org.cy or via post at:

*Application for Member Registration*

*Cyprus Psychological Association*

*P.O. Box 25628*

*1311 Nicosia*

Please send us your payment via Bank or Paypal or via cheque.

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| --- | --- | --- | --- | --- |
| Cost | Full Members | Student Members | Non-Full Members | Affiliated Members |
| Examination of the Application | 25.00 euros | 25.00 euros | 25.00 euros | 25.00 euros |
| Annual Subscription | 40.00 euros | 20.00 euros | 20.00 euros | 30.00 euros |

# Membership Application Form

|  |  |
| --- | --- |
| Application Form (Select One) | |
| Full membership |  |
| Student Membership |  |
| Non-Full Membership |  |
| Affiliated Membership |  |

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| --- | --- | --- | --- | --- |
| Personal Information | | | | |
| Surname |  | | | |
| Name |  | | | |
| Identity Number |  | | | |
| Gender | Male | | Female | Other |
| Date of Birth | \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ | | | |
| Address for correspondence *(If different from the permanent address)* | Street: |  | | |
| Postcode: |  | | |
| City: |  | | |
| Country: |  | | |
| Telephone number - Personal |  | | | |
| Telephone number - Professional |  | | | |
| Communication number(if different from professional) |  | | | |
| Email Address: |  | | | |
| Website: |  | | | |

|  |  |  |
| --- | --- | --- |
| Only if you apply for Student Membership (undergraduate/ postgraduate) | | |
| Title of your Degree |  | |
| Expected Date of Graduation |  | |
| Name of the Institution |  | |
| Country |  | |
| Special Interest in Psychology |  | |
| Are you interested in participating at the Psychology Student Committee? | YES | NO |

**Academic Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Title and year** | **Subject (As stated in your certificate)** | **University** | **Country** |
|  |  |  |  |
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| --- | --- | --- | --- |
|  | **Professional Employment** | | |
|  |  | *I am a professional psychologist* | |
|  |  | In private sector | |
|  |  | In public sector | |
|  |  |  | In Mental Health Services, Ministry of Health |
|  |  |  | In Education Psychology Services, Ministry of Education and Culture |
|  |  |  | In Social Welfare Services |
|  |  |  | In National Guard General Staff |
|  |  | In a Non-Govermental Organization | |
|  |  | Other: | |
|  |  | *I am an academic or researcher* | |
|  |  | *I work in another sector* | |
|  |  | *I am not currently working* | |
|  |  | *I am studying* | |
|  |  | Other (please specify): | |

|  |  |  |
| --- | --- | --- |
| **Professional credentials** | | |
| Are you a member of the Council of Registration of Psychologists (SEPS) in Cyprus? | **YES** | **NO** |
| If YES, which specialty? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of registration: \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do you have a professional license from any other country? | **YES** | **NO** |
| If YES, which country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of registration: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participation in actions and Representation of CYPSA** | | | |
| Would you be interested in participating in actions related to the representation of CYPSA in external committees (eg, Representation in consultations in the House of Representatives)? | **YES** | | **NO** |
| Would you be interested in participating in internal committees of CYPSA? | **YES** | | **NO** |
| Would you be interested in participating in one of the CYPSA’s Divisions? | **YES** | | **NO** |
| If YES, please note your interest |  | Division of Clinical Psychology and Health Psychology | |
|  |  | Division of School Psychology | |
|  |  | Division of Counseling Psychology | |

**Does the following signature give your informed consent for the management of your personal data, as defined above, to CYPSA’s Executive Board?**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_