



# DWOP Membership Application Form

Please complete this form and upload it along with copies of relevant certificates / academic transcripts.

## Membership Fee:

- Full Membership - €40
- Associate Membership - €20

For further questions regarding membership, please contact:

DWOP Membership Secretary at [workandorganisation@psychologicalsociety.ie](mailto: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

As outlined in the Rules for the Division of Work and Organisational Psychology (Section 3).

**Associate Membership** – Applicants who are studying for 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 year's work experience related to Work & Organisational Psychology (refer to Division of Work & Organisational Psychology chartership guidelines for examples of relevant work experience)

## 1. Personal Details

I wish to apply to become a member of the Division of Work and Organisational

Associate Member

Full Member

Title  Prof

Dr

Ms

Mr

Name

PSI Membership No

Are you a Chartered Psychologist (PSI or BPS) 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**

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

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

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

Please continue overleaf if necessary.

## 2. Relevant Professional / Certified Qualifications

<b>Institution</b>			
<b>Course Title</b>			
<b>Duration</b>		<b>Year</b>	

<b>Institution</b>			
<b>Course Title</b>			
<b>Duration</b>		<b>Year</b>	

<b>Institution</b>			
<b>Course Title</b>			
<b>Duration</b>		<b>Year</b>	

## 4. Research Interests and Areas of Professional Competency.

Refer to Division of Work & Organisational Psychology chartership guidelines for the Domains of Technical expertise and identify your areas of competency

### 3. Relevant Work Experience (Starting with the most recent)

<b>Job Title</b>					
<b>Employer / Company Name</b>					
<b>From</b>		<b>To</b>		<b>Location</b>	
<i>Link to the Domains of Technical Expertise</i>					

<b>Job Title</b>					
<b>Employer / Company Name</b>					
<b>From</b>		<b>To</b>		<b>Location</b>	
<i>Link to the Domains of Technical Expertise</i>					

<b>Job Title</b>					
<b>Employer / Company Name</b>					

From		To		Location	
<p><i>Link to the Domains of Technical Expertise</i></p>					

#### **4. 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_