



GHANA PSYCHOLOGICAL COUNCIL

FULL MEMBERSHIP RENEWAL FORM

Upholding Standards, Protecting the People

Please refer to the guidelines when completing this application Form

PERSONAL DETAILS

1. Name in full
Surname first name others

2. If married (woman), maiden name in full.....

3. Residential Address.....

Email..... Telephone.....

4. Permanent Address.....

Email..... Telephone.....

5. Date of Birth..... Sex..... Place of Birth.....

6. Citizenship..... If Non Ghanaian, state country.....

Duration in Ghana.....

7. Category of previous Registration.....

8. Date of Registration PIN.....

9. Expiry Date of Previous Registration.....

10. Place of work (Please provide name and full address).....

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Title or Position

Services offered.....

Your duties.....

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Full-time / Part time: If part-time, state number of hours you work per week.....

Name and address of person who supervises your work.....

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.....
Supervisor's professional affiliation.....

CONTINUOUS PROFESSIONAL DEVELOPMENT

11. List any conference, seminars or workshops attended and any other relevant training in the last one year; with name, date, place and duration/hours of conference/workshop/seminar.

- a.
- b.
- c.
- d.
- e.

12. Do you have any information to add to information the Council already has about you? Please state and provide appropriate documents as evidence.

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13. I certify that the statements made by me in this application are complete and correct to the best of my knowledge and belief.

Date Signature

Completed Document should be mailed to:

*The Registrar
Ghana Psychological Council
Private Mail Bag L61
Legon, Accra
Ghana
Tel. 050 302 7254*

Email: ghanapsychologicalcouncil@gmail.com

FOR OFFICE USE ONLY

Received by _____ Date _____

Checked by _____ Date _____

Amount paid _____ Receipt No _____

Signature of Officer _____ Date _____

*Registrar's Comments:

Signature _____ Date _____

Chairman's Approval

Signature _____ Date _____

Approved: Yes/No _____ Date: _____

Registration No _____