**Supplementary Application Form | Part Two**

**Entry is for 2022 Pre-Doctoral/2023 DClinPsy**

**Opening date for applications: 01 September 2021**

**Closing date for applications: 01 November 2021**

* Your application form is confidential to the Selection Committee and will be securely destroyed if you are not selected into the programme. Successful applications will be stored in a locked cabinet in the Director’s Office.
* Please do NOT attach your CV.

**Preferred Areas for Research**

Below please prioritise from 1 (most preferred) to 4 (least preferred) areas in which you would PREFER to do:

(a) your Honours dissertation (if you need to do one), and

(b) your Doctoral thesis.

These may be the same ranking for each level. It will be possible to do a thesis which crosses two areas. For example, Forensic could cross with any of the other three areas. The details will be worked out later. **This ranking does not guarantee that we can meet your request, since this depends upon staff availability. It is also possible to change areas at your request if relevant staff are available.**

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| **Honours** **(1 most preferred –** **4 least preferred)**  | **DClinPsy** **(1 most preferred - 4 least preferred)** | **Subject Area**  |
|  |  | Child, Youth and Family  |
|  |  | Adult Mental Health  |
|  |  | Neuropsychology & Neurorehabilitation  |
|  |  | Forensic (youth or adult)  |
|  |  | Other (please state) |

**Paid Work Experience**

Please list in chronological order any paid work experience you have had, full or part-time.

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| --- | --- | --- | --- | --- |
| Dates Include start/finish months/year  | Total Hours Worked | Employer  | Job Title  | Description of duties (including hours per week) |
| Example03/17 – 05/18 | 200 |  |  |  |
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**Unpaid Work Experience**

Please list in chronological order any unpaid work you have done which you think is relevant to Clinical Psychology.

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| Dates Include start/finish dates  | Total Hours Worked | Employer/family/whanau | Job Title  | Description of duties/care (including hours per week) |
| Example03/17 – 05/18 | 200 |  |  |  |
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| Add up Total Number of Hours Worked |  |

**Professional Credentials**

Considering your personal attributes (personality, self-image, coping styles, interpersonal characteristics, etc.) but not considering your current level of acquired knowledge or technical skills, discuss:

* As you understand clinical psychology, what are your major strengths? (200 words)

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* As you understand clinical psychology, what are your major areas for improvement and future development? (200 words)

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Please discuss how your **personal history has informed your decision to become a Clinical Psychologist.** This discussion could include experiences that would might enhance your understanding of and ability to work as a clinical psychologist (e.g., past experience in helping professions, exposure to clinical research, life events, caring roles in your whanau, family of origin influences, personal experience of psychological distress and/or experience with a mental health professional). (500 words)

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We are keen to understand how the Treaty of Waitangi and bi-culturalism have informed how your identity, either as Maori or Pakeha, has developed. Also, what commitments have you undertaken in service of the Treaty of Waitangi – both in your personal and professional spheres. This could include courses attended and/or how you have incorporated this into any work environment.

 (300 words)

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Particular problems that some people have, or have had, may impair their ability to work as clinical psychologists if they have not been adequately addressed. **You may choose to provide this information on this form or in person during the interview. Disclosure of such problems may or may not affect your selection, but if you are selected and such factors are later discovered, it may affect judgements about your professional suitability.**

Have you acted violently towards another person?

 (delete irrelevant) YES/NOIf YES, explain below.

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Do you currently have, or have had, problems associated with alcohol or drug use?

(delete irrelevant) YES/NOIf YES, describe the steps you have taken to change and address these problems.

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Do you currently have, or have had, problems with health or well-being (physical and/or psychological) that may impact on your ability to train and/or work as a Psychologist?

(delete irrelevant) YES/NOIf YES, describe the steps you have taken to manage these problems.

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Do you have, any learning disabilities we should be aware of should you be selected into the DClinPsy programme (i.e additional support may be required)

(delete irrelevant) YES/NOIf YES, describe the steps you have taken to manage these problems.

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Do you have any criminal convictions?

(delete irrelevant) YES/NOIf YES, describe.

* Please attach current **Criminal Record Check.** (Note: this is different from the Police Vetting). This will not include details embargoed under the Clean Slate Act.

<https://www.justice.govt.nz/criminal-records/get-your-own/>

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## The Psychologists Board requires a Police Vetting before students can be registered as Intern Psychologists in the third and final year of the degree. In addition, a Police Vetting will be required by all successful applicants. Accordingly, you are required to disclose any criminal convictions in this application. NB: Exemption in accordance with the Criminal Records (Clean Slate) Act 2004

*If you have lived overseas during the past five years, you must provide a police check such as: Police Clearance Certificate, NIS Criminal Record Information Certificate or similar covering* ***each*** *country in which you have resided. The certificate must not be more than six months old.*

**Privacy Policy.**

**The Privacy Act 1993**

* The School of Psychology undertakes to collect, use, and store the information provided by you and two referees for the purposes associated with selection of students into the Postgraduate Clinical Psychology programme, in accordance with the Privacy Act (1993).

***I agree that this information can be used in the manner described:***

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| *Signed:* | *Date:* |

* Hospitals and other health care providers require that people providing clinical services in these settings are immunised against certain diseases.

***I agree to have any immunisations necessary for me to undertake required clinical practicum placements, and to meet the necessary costs for these immunisations.***

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| *Signed:* | *Date:* |

***I give permission for the School of Psychology at the University of Auckland to access preliminary results from my current tertiary institution.***

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| *Signed:* | *Date:* |

* The School of Psychology also requests your permission for the Clinical Psychology Selection Panel to contact your Referees and lecturing staff from programmes you have completed in your last year of study. This would be to ask further information about you, relevant for the purposes of selection into the programme.

***I agree that members of the Selection Committee may speak to my referees and other School of Psychology academic staff for the purposes described above.***

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| *Signed:* | *Date:* |

***I agree that members of the Selection Committee may carry out searches of publicly available information, including information on the internet and social media, to determine my suitability into the training programme.***

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| *Signed:* | *Date:* |

***I agree that the decision of the selection panel is final and that no discussion will be entered into***

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| *Signed:* | *Date:* |

**Application & Enrolment Notes**

* This application form is for the **Clinical Psychology programme ONLY**. If you are applying for another programme, you must complete the relevant form(s) and online application.

**In addition** to this application form you must also apply for the degree programme online through the University of Auckland ‘Apply Now’ portal.

Applications for selection into the Clinical programme must be done under: Bachelor Honours > BA Hons/BSc Hons > **Preparatory Clinical Psychology.**

NB: If you already have a postgraduate Psychology degree (i.e. Honours/Masters/PhD) you should apply under Certificate of Proficiency in Science.

PLEASE DO NOT APPLY FOR NAMED DOCTORATE AT THIS STAGE.

The courses you will be enrolled in are as follows.

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| Course Number  | Course Title  | Point Value  |
| PSYCH 708 A & B | Clinical Neuropsychology  | 30  |
| PSYCH 718  | Psychotherapeutic Assessment and Formulation  | 15  |
| PSYCH 723 | Mental health problems: Aetiology and assessment | 15  |
| PSYCH 779 A & B | Research and Communication | 15 |
| PSYCH 780 A & B | Honours Dissertation  | 30 |
| ELECTIVE CHOICE – Choose any one from the PSYCH 700-level courses. We recommend PSYCH 707: Forensics  |
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You will have an opportunity to change the elective courses in which you wish to enrol in if you are successfully selected. Once you have been enrolled, however, this may not always be possible so please choose carefully.

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| I give permission for the Academic Services Coordinator to complete my enrolment on my behalf where necessary.  Signed: Date:  |

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| I declare that the information I have given in this application form is true and accurate. If statements I have made are found to be false or inaccurate, I acknowledge that my application may not proceed.   Signed: Date:  |

I have read and agree to the terms and conditions under the Privacy Policy

Signed: Date: