



**APPLICATION FOR UPGRADE  
FROM THE INTERN or TRAINEE  
SCOPE TO FULL REGISTRATION**  
(Under the Health Practitioners Competence  
Assurance Act 2003)

**PERSONAL DETAILS**

Title Mr  Mrs  Miss  Ms  Dr

Registration No: 90- \_\_\_\_\_

Full Name \_\_\_\_\_  
First Names \_\_\_\_\_ Surname \_\_\_\_\_

Official confirmation of successful completion must be from your Course Co-ordinator, Programme Leader or HoD. **(Not from Graduate / Doctoral / Administration officer)**

Emailed directly to Board:

**REGISTER DETAILS – Information not available to the public – required under Section 140**

POSTAL ADDRESS FOR THE REGISTER:

\_\_\_\_\_  
\_\_\_\_\_

RESIDENTIAL ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

WORK ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION – Please complete all sections**

Telephone Numbers Work \_\_\_\_\_ Ext. \_\_\_\_\_ Home \_\_\_\_\_ Mobile \_\_\_\_\_  
(Include area codes)

Email Address \_\_\_\_\_

**SCOPE OF PRACTICE SOUGHT**

Tick the scope of practice you are seeking to upgrade to.

Psychologist

Counselling Psychologist

Clinical Psychologist

Educational Psychologist

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