

APPLICATION FOR A PSYCHOLOGIST'S WARRANT

The Hon. Minister for the Family and Social Solidarity,

I, the undersigned, hereby apply for a Psychologist's Warrant in terms of Article 3 of the Psychology Profession Act (2004) _____

Or

In terms of Article 19 of the Psychology Profession Act (2004) _____

I declare that I have read the Psychology Profession Act (2004), Chapter 471 of the Laws of Malta, and the Notes in Section of this application form and that the information contained in my application form and attached documents is true and correct.

Signature of Applicant

SECTION A: PERSONAL DETAILS

Given Name _____

Surname _____

Status
(Mr., Ms., Dr., etc) _____

Maiden Surname
(if applicable) _____

Nationality¹ _____

Identity Card Number² _____

¹ Non-Maltese nationals applying for a Warrant are requested to produce a document indicating that they are permitted to work in Malta under any law, in terms of Article 3(3)(a) of the Psychology Profession Act, Chapter 471 of the Laws of Malta.

² Non-Maltese nationals are to include their Passport Number here and indicate this.

Postal Address _____

Email address: _____

Telephone Numbers Home _____

Work _____

Mobile _____

SECTION B: AREA OF SPECIALISATION³

| AREA | ACADEMIC | PRACTITIONER |
|----------------|-----------------|---------------------|
| CLINICAL | | |
| COUNSELLING | | |
| EDUCATION | | |
| FORENSIC | | |
| HEALTH | | |
| ORGANISATIONAL | | |
| SOCIAL | | |
| SPORT | | |
| OTHER | | |

³ Tick where appropriate. See No 3 of notes on page 7. Area of specialisation should indicate the relevant degree as per Master's certificate.

Malta Psychology Profession Board
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SECTION C: QUALIFICATIONS

| TABLE 1 – PSYCHOLOGY QUALIFICATIONS | | | | |
|---|-----------------------------|---------------------|-----------------|-----------------|
| QUALIFICATIONS (Full Title & Brief Description) | AWARDING INSTITUTION | DATE AWARDED | DURATION | COMMENTS |
| | | | | |
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| TABLE 2 – OTHER GRADUATE PSYCHOLOGY QUALIFICATIONS | | | |
|---|-----------------------------|---------------------|-----------------|
| QUALIFICATIONS (Full Title & Brief Description) | AWARDING INSTITUTION | DATE AWARDED | DURATION |
| | | | |
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| TABLE 3 – OTHER QUALIFICATIONS | | | | |
|---------------------------------------|----------------|----------------------------------|---------------------|-----------------|
| LEVEL | SUBJECT | EXAMINING BOARD/INSTITUTE | DATE AWARDED | DURATION |
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SECTION D: EXPERIENCE⁴

| PSYCHOLOGY EXPERIENCE | | | | |
|------------------------------|---------------|---|---------------------------------|---------------------------------|
| DATES | AGENCY | TYPE OF ACTIVITY⁵ | AVERAGE WEEKLY HOURS | CONFIRMATION⁶ |
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⁴ Should more space be required in this section, a photocopy of the necessary page is to be made.

⁵ Specify activity: administrative, teaching, research, supervision, psychotherapy, other.

⁶ Confirmation of employment should either include the signature of the Director of Operations or Human Resources Manager of the Agency, which should be rubber stamped, or else documentation needs to be provided to validate the claim.

| SUPERVISION (POST QUALIFICATION) ⁷ | | | | | |
|---|--------------------|-----------|----------|------------|--------------|
| DATES | AGENCY/ PRIVATE | FREQUENCY | DURATION | SUPERVISOR | CONFIRMATION |
| | | | | | |

I _____ (Name of Supervisor) confirm that _____ (Number) supervision sessions were held with _____ (Name of Supervisee).

Date

Signature

In case of more than one supervisor:-

| DATES | AGENCY/PRIVATE | FREQUENCY | DURATION | SUPERVISOR | CONFIRMATION |
|-------|----------------|-----------|----------|------------|--------------|
| | | | | | |

I _____ (Name of Supervisor) confirm that _____ (Number) supervision sessions were held with _____ (Name of Supervisee).

Date

Signature

⁷ This table must include **only** supervision undertaken after the 10th August 2004 i.e. the date when the Law came into effect.

A written attestation by supervisor may replace this declaration.

Please refer to page 6 note 1(2)(c).

Section E: Important Notes

1. Persons may qualify for the issue of a warrant on the basis that according to Article 3(3)(a)(b)(c)(d) “such Person”:
 - (a) is a Maltese citizen, or is otherwise permitted to work in Malta under any law⁸ ; and
 - (b) is of good conduct; and
 - (c) is in possession of the Masters Degree in Psychology conferred from the University of Malta or of another professional qualification as the Board may deem equivalent; and
 - (d) satisfies the Board that he has received adequate experience in the practice of the profession of psychology for an aggregate period of two years full-time or its equivalent in part-time following the completion of such a degree or such other professional qualification under the supervision of a registered psychologist. (Psychology Profession Act, 2004, Article 3 (d)).

or according to Article 19:

- (1) Any person who on the coming into force of this Act is in possession of a professional qualification in psychology that makes him eligible for a warrant licence to practice in the country where the professional qualification was obtained, shall be deemed to have satisfied the provisions of paragraph (c) of sub-article (3) of Article 3 of this Act.
- (2) For the purposes of paragraph (d) of sub-article (3) of article 3 of this Act, any training undertaken by any person who has obtained the qualification referred to in paragraph (c) of this sub-article, between the date of such qualification and the coming into force of this Act, shall be deemed to have been undertaken under the supervision of a registered psychologist.
- (3) Notwithstanding the other provisions of this Act, any person who satisfies the Board that prior to the coming into force of this Act:
 - (a) is in possession of a Masters Degree in Psychology which includes professional training; and
 - (b) lectured at tertiary level on a regular basis in psychology or held a post of psychologist in a Government department or agency for at least ten years,shall be deemed to satisfy the requirements of paragraphs (c) and (d) of subarticle (3) of article 3 of this Act (Psychology Profession Act 2004, Article 19).

2. The Ministry for the Family and Social Solidarity uses the information submitted in this application form for the issue of a Psychologist’s warrant in accordance with the relevant provisions of the Psychology Profession Act 2004. This

⁸ Applicants are advised to contact the citizenship and Ex-Patriate Affairs Office and/or the Employment and Training Corporation in order to verify their citizenship or permission to work in Malta. The Board will contact the relevant authorities to verify this.

- information is accessed by the Board and any personnel involved in such processing to evaluate any application. The Board may also get information about the applicant from certain third parties including other government departments and authorities to prevent or detect crime or to protect public funds in other ways as permitted by law. The Board will not disclose information about the applicant to anyone outside the Ministry for the Family and Social Solidarity unless the law permits it to do so.
3. In this area please mark whether you are applying for a practitioner's warrant or for an academic warrant.
 4. All data is collected and processed in accordance with the Data Protection Act 2001 and other subsidiary legislation.
 5. The application together with the relevant documents is to be submitted to: The Secretary, Malta Psychology Profession Board, Department for Social Welfare Standards (Centru Hidma Socjali) 469, St. Joseph High Road, St. Venera. Applications will be accepted as from the 7th November 2005 on Mondays and Fridays between the hours of 2.30pm and 4.30pm until the 13th February 2006.
 6. A fee of €25 will be charged for each application. Payment can be made in cash or by cheque. Cheques are to be made payable to: Ministry for the Family and Social Solidarity.
 7. The application should include:
 - A full Police Conduct Certificate.
 - Photocopies⁹ of any certificates of qualifications included in the application.
 - Proof of any psychology warrant/licence/registration acquired abroad, where applicable.
 - A completed Consent Form¹⁰.
 - Two (2) copies of the completed Submission of Documents sheets¹¹.
 - €25 payment in cash or by cheque.

⁹ Any photocopies must be authenticated by an authorized professional. If authorized professional is not resident in Malta, his/her signature is to be legalized through the Ministry of Foreign Affairs in the country of issue.

¹⁰ To be found on page 8 of this application.

¹¹ To be found on page 9 of this application. Please note that one copy will be retained by the Board's secretary, while the other copy will be returned to the applicant as an acknowledgement of the submission of documents.

CONSENT FORM

I the undersigned, hereby make a voluntary application to the Malta Psychology Profession Board. I understand that my application is subject to the rules, by-laws and other governing provisions of the Board. I agree to be bound by the ethical principles of the Profession and I agree, without affecting my right to appeal, to disqualification from examination or issuance of a warrant in the event that the Board finds me in violation of its rules and regulations.

I hereby authorize the Malta Psychology Profession Board, to make enquiries as it deems appropriate in connection with this application for a warrant, with any individuals, associations, organisations, or other such reference sources as may develop in the course of the Board's investigation of my qualifications to be certified as warranted. I agree and invite anyone so contacted by the Board to answer and respond freely, frankly and without fear of claim of damage by me, and to report to the Board any knowledge, which may seem relevant to the inquiry of the Board.

I hereby give my consent for the release of any information regarding my Maltese citizenship and permission to work in Malta by the Employment and Training Corporation and/or by the Ex-Patriate Affairs Office to the Malta Psychology Profession Board for the purposes of Article 3 (3) (a) of the Psychology Profession Act (2004)

Signature

Name in full

Identity Card Number¹²

Date

¹² Non-Maltese citizens are to include their passport number here and indicate this.

SUBMISSION OF DOCUMENTS

| Type of Document | Submitted¹³ | Received (FOR OFFICE USE ONLY) |
|---|-------------------------------|---|
| Police Conduct Certificate | | |
| First Degree in Psychology Certificate | | |
| First Degree in Psychology Transcript | | |
| Post Graduate Qualification/s Certificate/s | | |
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| Other Academic Qualification/s Certificate/s | | |
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| Proof of Employment/Practice | | |
| Consent Form | | |
| Psychologist Warrant/Licence/Registration Acquired Abroad | | |
| Any other Documents | | |
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¹³ Please mark only those documents, which are necessary for your application and which have been submitted.

