

**Clinical Neuropsychology Practice**

**Candidate Enrolment Form**

**Candidate’s details**

Title:

Forename:

Surname:

Address:

Email:

Tel:

BPS Membership Number:

HCPC Registration Number:

**Details of employer and post/responsibilities**:

**Proposed Co-ordinating Supervisor details**

Title:

Forename:

Surname:

Address:

Email:

Tel:

BPS Membership Number:

HCPC Registration Number:

**Details of employer and post/responsibilities:**

|  |  |
| --- | --- |
| Is the proposed Co-ordinating supervisor a Full Member of the Division of Neuropsychology and entered on the Specialist Register of Clinical Neuropsychologists? | Yes/No |
| Is the proposed Co-ordinating supervisor on the BPS Register of Applied Psychology Practice Supervisors? **Note:** if the co-ordinating supervisor is not on the BPS RAAPS, they should confirm that they willing to undertake training to meet this requirement.  | Yes/No |
| Will you be applying to backdate some of your clinical experience? | Yes/No |

*Cont..*

**Candidate’s Declaration**

I wish to be enrolled on the University of Glasgow MSc in Clinical neuropsychology Knowledge & practice / Pg Cert Certificate in Clinical Neuropsychology Practice (delete as appropriate) and confirm that I have read the current Course Handbook*.* I certify that I have the Graduate Basis for Chartered Membership with the British Psychological Society and am currently registered with the Health and Care Professions Council as a Practitioner Psychologist (Clinical/Educational delete as appropriate) and that the facts stated on this form are correct:

Signature of Candidate: Date:

**Agreement of Co-ordinating Supervisor**

I confirm that I have reviewed this application and discussed it with the above-named applicant. I confirm my agreement to act as Co-ordinating Supervisor for this applicant. I am a full member of the Division of Neuropsychology and am named on the BPS Specialist Register of Clinical Neuropsychologists. I am entered on the Register of Applied Psychology Practice Supervisors or I am willing to undertake training to meet this requirement (delete as appropriate).

Signature of co-ordinating supervisor: Date: