



PSYCHOLOGY COUNCIL

CORPORATE BODY ASSOCIATION AND GROUP APPLICATION FORM

Upholding Standards, Protecting the People



IN COMPLIANCE WITH PART 5 OF THE HEALTH PROFESSIONALS REGULATORY ACT, 2013 (ACT 857)

Please refer to the guidelines when completing this application Form

DETAILS

1. Name of Body/Group:
 Official Email: Official Contact:
 Postal Address:
 Physical Address:

2. Letter of Intent signed by the President stating the purpose of the association.

3. Application Fee of GHC 575.00

4. Evidence of Full Documentation of Registrar General’s Certification.....

5. Mission

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6. Scope of Association

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7. Objectives of the Body

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8. Guiding Principles

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9. Core Values

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10. Core Values

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11. Names, Qualification and Licensure status of Executive Members (Please provide evidence)

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12. Membership Requirement (Please state the admission requirement for different categories of members according to training programmes)

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| CATEGORY | REQUIREMENT |
|--|-------------|
| Lay Counselling | |
| Para-professional/Psychologist Assistant | |
| Professional | |

13. Members Development Programmes (Requirements, Policy and Plan)

14. Peer and Professional Assessment of Competencies, Conducts & Behaviours

15. Availability of Constitution:(Provide evidence)

16. Availability of Code of Ethics (Provide evidence)

17. Availability of Charter (Provide evidence)

18. Name(s) of Institutions and Agencies affiliation (Local and International)

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

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

Contact Number Date Signature.....

FOR FURTHER INFORMATION CALL:

Phone: 0503027254 / 0542293014 / 0303978628

EMAIL: info@gpc.gov.gh

FOR OTHER REGISTRATION FORMS PLEASE CHECK

Website: www.psychologycouncil.gov.gh

Completed Form and attached Document should be sent to:

**THE REGISTRAR
Room 20, OLD MINISTRY OF HEALTH
OPPOSITE MINISTRIES Post Office
MINISTRIES, ACCRA, GHANA**

GHANA POST GPS: GA-110-3586

Payment Details:

SHORT CODE (ALL NETWORKS)

***222*7270#**

FOR OFFICE USE ONLY

Form Received by _____ Date _____

Checked by _____

Amount paid _____ Receipt No _____

Signature of Officer _____ Date _____

Verified by _____

*Officer's Comments & Suggestion:

Signature of Officer _____ Date _____

*Registrar's Comments:

Approved: Yes/No

Registration No: _____

Signature & Stamp _____

Date _____
