



# GHANA PSYCHOLOGY COUNCIL

## CORPORATE BODY REGISTRATION FORM FOR AGENCY, ASSOCIATION AND GROUP

*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*

1.

#### DETAILS

1. Name of Body/Agency: .....

2. Letter of Intent signed by the Head (application Letter stating the type of Corporate Body, Office the location (landmark) profession of Head of Body etc.)

3. Application Fee of GHC 575.00

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

5. Vision: .....  
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6. Mission of the Body and Scope

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7. Aim of the Body.....:

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8. Objectives of the Body:

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....

9. Guiding Principles.....:

- i. ....
- ii. ....
- iii. ....
- iv. ....

10. Core Values.....:

- v. ....
- vi. ....
- vii. ....
- viii. ....

11. Core Activities of Body

- i. ....
- ii. ....
- iii. ....
- iv. ....
- v. ....
- vi. ....
- vii. ....

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

- i. ....
- ii. ....
- iii. ....

iv. ....

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

CATEGORY	REQUIREMENT
Lay Counselling	
Para-professional/Psychologist Assistant	
Professional	

14. Membership by Level of Education:

**a. Lay Practitioners (Diploma & Below) :**

FIELD /AREA OF PRACTICE	TOTAL NUMBER	Licensure Status/ Certificate Of Practitioners	
		No Licensed	No Unlicensed
Total			

**b. Paraprofessional:**

FIELD /AREA OF PRACTICE	TOTAL NUMBER	Licensure Status/ Certificate Of Practitioners	
		No Licensed	No. Unlicensed

Total			

**c. Professionals**

FIELD /AREA OF PRACTICE	TOTAL NUMBER	Licensure Status/ Certificate Of Practitioners	
		No Licensed	No. Unlicensed
Total			

**Note:** For non-Ghanaian: In addition to the above should have:

1. Resident Permit
2. Work Permit
3. A Valid Ghana National Identification Card
4. A Ghanaian Psychologist of equal qualification as the foreign counterpart

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

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

17. Availability of Constitution: .....(Provide evidence)

18. Availability of Code of Ethic ..... (Provide evidence)

19. Availability of Charter ..... (Provide evidence)

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

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

21. Access to Sources of Information/Library for the Programme (Evidenced by?)

- a. Does the Agency subscribe to electronic resources/Library / Journals?
- b. Does the Agency have access to Library (Physical)?
- c. Are journals and textbooks etc. in the library current and adequate?
- d. Has adequate space for reading

22. Funding

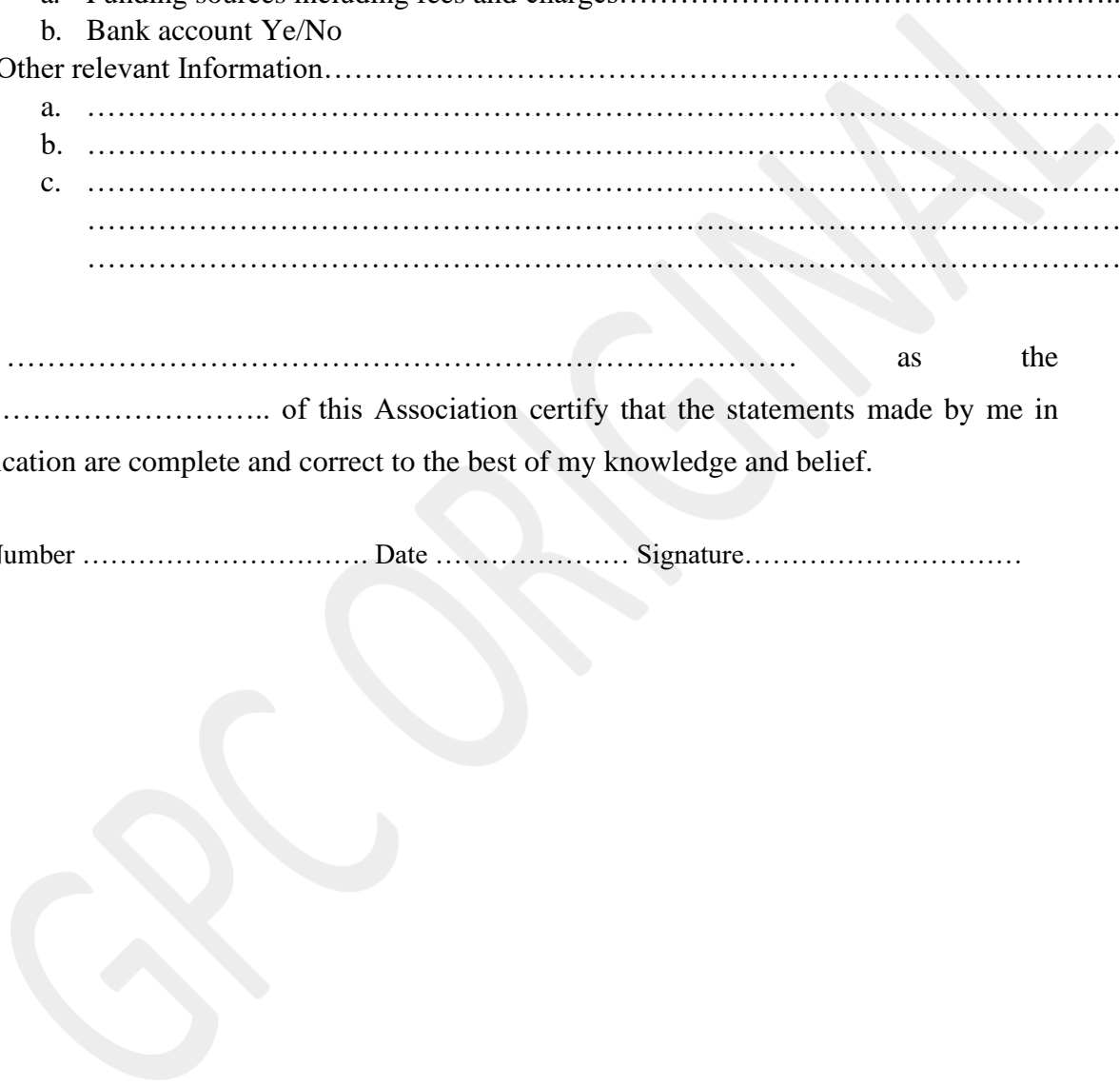
- a. Funding sources including fees and charges.....
- b. Bank account Ye/No

23. Other relevant Information.....

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

I ..... as the  
 ..... of this Association certify 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 / 0246416527**

**EMAIL: [info@gpc.gov.gh](mailto:info@gpc.gov.gh)**

**FOR OTHER REGISTRATION FORMS PLEASE CHECK**

**Website: [www.ghanapsychologycouncil.gov.gh](http://www.ghanapsychologycouncil.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**

*Bank Details:*

**GHANA Psychology Council  
FIDELITY BANK  
RIDGE TOWERS, ACCRA,  
BANK Account No.: 1050031790015**

**OR**

**SHORT CODE (ALL NETWORKS)  
\*222\*7270#**

**FOR OFFICE USE ONLY**

Form Received by \_\_\_\_\_ Date \_\_\_\_\_

Checked by \_\_\_\_\_

Amount paid \_\_\_\_\_ Receipt No \_\_\_\_\_

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Verified by \_\_\_\_\_

\*Officer's Comments & Suggestion:

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

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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\*Registrar's Comments:

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

Approved: Yes/No \_\_\_\_\_ Registration No: \_\_\_\_\_

Signature & Stamp \_\_\_\_\_ Date \_\_\_\_\_

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