



GHANA PSYCHOLOGY COUNCIL

MINISTRY OF HEALTH

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

MEMBERSHIP RENEWAL APPLICATION FORM

Upholding Standards, Protecting the People

Please refer to the guidelines when completing this application Form

PERSONAL DETAILS

1. Name in full
Surname first name others
2. If married (woman), maiden name in full.....
3. Residential Address.....
.....
4. Postal Address.....
Email.....Telephone.....
5. Date of Birth..... Sex..... Place of birth.....
6. Citizenship..... If Non-Ghanaian, state country.....
Duration in Ghana.....
7. Category of Previous Registration:..... PIN:
..... Date of Previous Registration:.....
Expiry Date of Previous Registration:.....
8. Current Place & Location of Work:.....
.....

9. Position/ Title:.....

Address of Institution:

.....

.....

Date you begun work there: 10.

General services offered

.....

.....

Your duties

.....

Full-time/ Part-time: If part-time, state number of hours you work (ed) per week..... Name and address of person familiar with your work

.....

.....

Supervisor's professional affiliation.....

11. Do you have any information to add to information the Council already has about you?

Please state and provide appropriate documents as evidence.

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12. Have you taken any Continuous Professional Development Course within the year?

No	Institution/Agency	Course	Credit Point	Date	Venue
1					
2					
3					
4					
5					

Total Credit Point: _____

Date: _____

Signature: _____

FOR FURTHER INFORMATION CALL:
Phone: 0503027254 / 0542293014 / 0246416527

EMAIL:

info@gpc.gov.gh

**FOR OTHER REGISTRATION FORMS PLEASE
CHECK**

Website: www.ghanapsychologycouncil.gov.gh

Completed Form and attached documents 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 _____

Verified by _____

*Officer's comment & suggestion

Signature of Officer _____ Date _____

Registrar's Comments:

Approved: Yes/No _____ Registration No: _____

Signature & Stamp _____ Date _____