



DIVISION OF EDUCATIONAL PSYCHOLOGY
THE HONG KONG PSYCHOLOGICAL SOCIETY

Address: The Hong Kong Psychological Society Limited, Unit 1211, The Metropolis Tower, 10 Metropolis Drive, Hung Hom, Kowloon, Hong Kong

APPLICATION FOR A STATEMENT OF ELIGIBILITY
FOR FULL MEMBERSHIP

Criteria for Membership Eligibility

The Division of Educational Psychology (DEP) welcomes applications from members of the Hong Kong Psychological Society (HKPS) who have completed postgraduate training in educational or school psychology. Detailed criteria for DEP membership eligibility can be found on our webpage: Criteria for Membership Eligibility (https://www.dep.hkps.org.hk/wp-content/uploads/2021/06/DEP_Membership_Criteria_2021_Jun.pdf).

Individuals wishing to establish their eligibility for DEP full membership, without pursuing full membership at this time, may apply for a Statement of Eligibility for Full Membership of the DEP.

Vetting Procedure and Decision

The DEP Membership Committee will carefully review each application. Provided that all required documents have been submitted, the typical processing time is no more than three months. The Membership Committee will arrive at one of the following decisions:

1. **Acceptance**: The application is accepted by the Membership Committee and a recommendation is forwarded to the DEP Committee for final approval. Once approved, the applicant will be notified of the application result. The DEP Membership Subcommittee will issue a statement to the applicant confirming that the applicant was eligible for Full Membership of the DEP on the date of approval. It should not be assumed that this implies eligibility at any future date. With written consent (Annex A) from the applicant, the designated authority or potential employer will also be informed of the application outcome.
2. **Request for Additional Information**: If the Membership Committee considers that the information provided in the application is insufficient, the applicant will be asked to provide supplementary information within four weeks of notification. Once the additional information is received, the Membership Committee will further process the application and make a final decision.
3. **Rejection**: The application is rejected if the applicant does not meet the criteria for DEP membership eligibility. The applicant will be informed of the decision and the specific areas in which the criteria were not met. All submitted documents will be kept for six months and destroyed thereafter.

Application Fee

The current application fee is HK\$1,000. It is non-refundable and must be paid in full before the application can be processed. This fee is non-refundable and must be paid in full before the application can be processed. Please submit the application form and supporting documents along with a crossed cheque made payable to “The HK Psychological Society Ltd. – Division of Educational Psychology”.

Enquiries

Further enquiries about the application and vetting procedures can be made via email to dep.membership@hkps.org.hk.

DEP Committee

March 2026

THE HONG KONG PSYCHOLOGICAL SOCIETY
DIVISION OF EDUCATIONAL PSYCHOLOGY
STATEMENT OF ELIGIBILITY FOR FULL MEMBERSHIP
APPLICATION FORM

Please use **BLOCK CAPITALS**

Title: Prof. Dr. Mr. Mrs. Ms. Miss Name in Chinese: _____
Family Name: _____ Given Name: _____

Correspondence Address: _____

Telephone No.(s): _____ (Day) _____ (Mobile)

Email Address: _____

Part 1: Membership of the Hong Kong Psychological Society

Please note that DEP **ONLY** accepts HKPS member for DEP full membership application.

HKPS Membership status:

Currently a paid-up HKPS member in the year: _____ to _____.

Fellow Associate Fellow Graduate Member

Applying for HKPS Membership

Date of application to HKPS (*dd/mm/yyyy*): ____/____/____

Part 2: Academic Qualification (Undergraduate degree in Psychology or its equivalence)

Please enclose valid proof of the qualification obtained, i.e. certified true copy for degree certificate and transcript(s). Declaration of true copy at the Home Affairs Department Offices, HKSAR and certification of true copy issued at the university are acceptable.

Tertiary Institute	Major	Degree/Diploma & Classification	Date of award

Part 3: Academic Qualification (Professional postgraduate training in educational/school psychology)

Please enclose valid proof of the qualification obtained, i.e. certified true copy for degree certificate and transcript. Declaration of true copy at the Home Affairs Department Offices, HKSAR and certification of true copy issued at the university are acceptable. For other relevant document(s), photocopies are acceptable.

Dates of training: From _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)

Training institute: _____

Qualification awarded: _____

Please tick relevant box(es) to confirm that the above postgraduate training fulfills the following criteria*:

- At least 2 years full-time Master’s degree / 3 years full-time Doctoral degree
- At least 60 credits (US system) / 120 credits (European system)
- Delivery of the programme mainly on a face-to-face resident study basis

*Remarks: If any of the above criteria is not met, please provide further information for the Membership Committee’s consideration.

Part 3a: Coursework components of the professional training programme

(only for applicants who graduated from non-local graduate programmes in educational/school psychology)

Please list out the courses and their codes as in the transcript, that covered the six core areas and respective sub-areas. Please provide detailed information about the educational psychology training programme including its accreditation status (e.g. course handbooks and course syllabi).

Core areas	Course code
<i>(a) Professional issues and standards in educational psychology practice</i>	
i. History, foundations, and models of educational psychology services	
ii. Legal and ethical issues	
iii. Professional issues and standards	
<i>(b) Psychological foundations</i>	
i. Social and cultural basis of behavior	
ii. Individual differences	
iii. Developmental Psychology	
iv. Learning and motivation	
<i>(c) Educational foundations</i>	
i. Curriculum and instruction	
ii. Organization and operation of schools	
iii. Education of children with special needs	
<i>(d) Psychoeducational Assessment</i>	
i. Assessment of intelligence, aptitude, and achievement	
ii. Behavioral, social, and emotional assessment	
iii. Assessment of special educational needs	
<i>(e) Intervention</i>	
i. Direct intervention (individual and group levels)	
ii. Indirect intervention (consultation and school/systems level)	
<i>(f) Research methods and statistics</i>	
i. Research and evaluation methods	
ii. Advanced statistics	

Part 3b: Practical experience during professional training

Please enclose valid reference for the practical experience acquired, including (1) practicum summary log, and (2) documentation to ascertain that the various skills listed in the membership criteria are developed up to the required professional standard (i.e. passed), signed by practicum supervisors who declared to have at least three years of relevant professional experience (full-time or equivalent) in educational or clinical psychology. Submission of the formal documentation signed by practicum supervisors is not required for Master's/Doctoral training which started in or before 2014.

Placement (1)		
Organization and Department		
Dates	From: ___ / ___ / _____ (dd/mm/yyyy) To: ___ / ___ / _____ (dd/mm/yyyy)	Number of working hours: hours
Supervisor(s)	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience
Client groups		
Description	Description of work done, assessment and interventions learned:	

Placement (2)		
Organization and Department		
Dates	From: ___ / ___ / _____ (dd/mm/yyyy) To: ___ / ___ / _____ (dd/mm/yyyy)	Number of working hours: hours
Supervisor(s)	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience
Client groups		
Description	Description of work done, assessment and interventions learned:	

Placement (3)		
Organization and Department		
Dates	From: ___ / ___ / _____ (dd/mm/yyyy) To: ___ / ___ / _____ (dd/mm/yyyy)	Number of working hours: hours
Supervisor(s)	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience
Client groups		
Description	Description of work done, assessment and interventions learned:	

Placement (4)		
Organization and Department		
Dates	From: ___ / ___ / _____ (dd/mm/yyyy) To: ___ / ___ / _____ (dd/mm/yyyy)	Number of working hours: hours
Supervisor(s)	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience
Client groups		
Description	Description of work done, assessment and interventions learned:	

Placement (5)		
Organization and Department		
Dates	From: ___ / ___ / _____ (dd/mm/yyyy) To: ___ / ___ / _____ (dd/mm/yyyy)	Number of working hours: hours
Supervisor(s)	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience
Client groups		
Description	Description of work done, assessment and interventions learned:	

Placement (6)		
Organization and Department		
Dates	From: ___ / ___ / _____ (dd/mm/yyyy) To: ___ / ___ / _____ (dd/mm/yyyy)	Number of working hours: hours
Supervisor(s)	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience	Name: Official Position: <input type="checkbox"/> At least 3 years of relevant professional experience
Client groups		
Description	Description of work done, assessment and interventions learned:	

Total number of working hours of the practical experience that has been passed: _____ **hours**

Please tick the box to confirm that:

the above practical experience involved at least 600 hours in educational settings

Part 3c: Research work during professional training

Please enclose a copy of your dissertation abstract with your application.

Title of dissertation / thesis:

Please tick relevant box(es) to confirm that the research work fulfills the following criteria*:

- A dissertation/thesis has been submitted
- The research is an empirical one
- The topic has direct relevance to the field of Educational Psychology

**Remarks: If any of the above criteria is not met, please provide further information for the Membership Committee's consideration.*

Part 4: Professional experience

Please list in chronological order of all posts.

Organization	Position Held	Nature of Work	Date	
			From	To
			From	To
			From	To
			From	To
			From	To

Part 5: Other information relevant to this application

You may want to include information such as other qualifications, experience, publications, and membership of other professional bodies.

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Part 6: Referees

Please give the names of two referees who will be able to comment on your professional training and post-qualification training and experiences.

Name:	_____	Name:	_____
Affiliation:	_____	Affiliation:	_____
Tel. no:	_____	Tel. no:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____

Part 7: Applicant’s declaration and consent

I apply to the DEP, HKPS for a Statement of Eligibility for Full Membership. I certify that the information given above is true and correct to the best of my knowledge. I have enclosed all valid copies of documents required for vetting. I give consent for the DEP Membership Subcommittee, if necessary, to confirm with the referees and any one of the institutions stated in this application form about the information on my qualifications, experiences, and professional membership.

Signature: _____ Date: _____

Note:

If you wish the DEP Membership Subcommittee to inform your potential employer(s) or any agency of the progress and final result of the assessment, please complete the Consent form in Annex A.

Annex A: Consent Form

Hong Kong Psychological Society Division of Educational Psychology Application for a Statement of Eligibility for Full Membership of the DEP, HKPS

I have applied to the DEP, HKPS for an assessment of my eligibility for Full Membership of the DEP. I give consent for the DEP Membership Subcommittee to inform the following agency / agencies of the progress and final result of the assessment.

1. Name of agency:

Name & Position of contact person:

Telephone number:

Address:

2. Name of agency:

Name & Position of contact person:

Telephone number:

Address:

Name of applicant:

Signature of applicant:

Date:

Annex B: Personal Information Collection Statement (PICS)

Purpose of Collection

1. Personal data collected will be used by The Hong Kong Psychological Society Limited (“Society”) for the purposes of:
 - i. processing and vetting your application and related returns and notifications;
 - ii. verifying identity and information you provided on your qualifications, experience, and professional membership;
 - iii. proving of consent and agreement, upon which we will inform your potential employer(s) of the progress and the final result of the assessment; and
 - iv. issuing the Statement of Eligibility for Full Membership of the Division of Educational Psychology, the Hong Kong Psychological Society.
2. It is obligatory for you to supply the Society with the data requested in this form. A failure to provide the requested personal data, or the provision of inaccurate or incomplete information may result in the Society not being able to process the application, or for the Society to perform its functions or powers.

Transfer of Personal Data

3. The Society may provide necessary information to staff of the Society and to the members of the Council and its relevant Committees and Divisions, and any third party lawfully required and/or holding a court order for the disclosure of the information.

Access and Correction

4. You have the right to request access to and to request the correction of your personal data. Data access requests should be made using the form specified by the Privacy Commissioner for Personal Data which is accessible from the following link “Data Access Request Form” (<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>).

Enquiries

5. Enquiries concerning your personal data provided in your enquiry, including making access and correction, should be addressed to:

General Secretary, The Hong Kong Psychological Society Limited, Unit 1211, The Metropolis Tower,
10 Metropolis Drive, Hung Hom, Kowloon, Hong Kong

Email: admin@hkps.org.hk

Privacy Policy Statement

6. You may click [here](#) for the Privacy Policy Statement of the Society.

I have read and understand the above Personal Information Collection Statement (PICS).

Signed _____

Date _____

(e-signature is not accepted)

Annex C: Checklist for a Statement of Eligibility for Full Membership Application

Applicant's Name: _____

I have enclosed the following documents for the application (please tick relevant boxes):

- One completed application form
- Certified true copy or declared true copy of certificate(s) and transcript(s) for undergraduate degree in Psychology or its equivalence
- Valid proof of the qualifications for professional postgraduate training in educational psychology:
 - Certified true copy or declared true copy of degree certificate and transcript
 - Detailed information about the educational psychology training programme including its accreditation status (e.g. course handbooks or syllabi)
 - Reference for the practical experiences obtained during the professional training, including
 - 1) practicum summary log signed by field supervisors and
 - 2) documentation to ascertain that the various skills listed in the membership criteria are developed up to the required professional standard
 - Abstract of dissertation
- Other supporting documents (if any): _____

- Completed Consent Form (Annex A, if applicable)
- Completed PICS (Annex B)
- A crossed cheque of HK\$1,000 made payable to “The HK Psychological Society Ltd. – Division of Educational Psychology”

Please send all the documents to “The Convener of Membership Committee, Division of Educational Psychology, The Hong Kong Psychological Society Limited, Unit 1211, The Metropolis Tower, 10 Metropolis Drive, Hung Hom, Kowloon, Hong Kong”.