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 GHC1,000.00

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:

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)........................................................................................................

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<tr>
<th>CATEGORY</th>
<th>REQUIREMENT</th>
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<td>Lay Counselling</td>
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<td>Lay Counselling</td>
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<td>Para-professional/Psychologist Assistant</td>
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<td>Professional</td>
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<td>Counselling (Professional)</td>
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14. Membership by Level of Education:
   a. **Lay Practitioners (Diploma & Below):**

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<tr>
<th>FIELD /AREA OF PRACTICE</th>
<th>TOTAL NUMBER</th>
<th>Licensure Status/ Certificate Of Practitioners</th>
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   b. **Paraprofessional:**

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<th>FIELD /AREA OF PRACTICE</th>
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<th>Licensure Status/ Certificate Of Practitioners</th>
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c. Professionals

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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)


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. ...........................................................................
      ...........................................................................
      ...........................................................................
FOR FURTHER INFORMATION CALL:
Phone: 0503027254 / 0542293014 / 0246416527
Email:
info@ghanapsychologycouncil.org.gh
ghanapsychologicalcouncil@gmail.com
FOR OTHER REGISTRATION FORMS PLEASE CHECK
Website: www.ghanapsychologycouncil.org.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. 2090031790018
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 __________________________

________________________________________________________________________