



Clinical Psychology Attachment Application Form <i>All information provided will be treated with confidentiality and used solely for the purpose of processing your application.</i>			
Personal Information <i>Please provide frequently used phone number and email address for easy contact</i>			
Full Name			
Address			
Gender		I.C/Passport No.	
Occupation		Nationality	
Phone Number		Email Address	
Emergency Contact			
Full Name			
Address <i>(if different from above)</i>			
Relationship		Phone Number	
Academic/Professional Background			
Current Institute/ Affiliation	<input type="checkbox"/> Studying <input type="checkbox"/> Working		
Name of work/academic referee		Contact of Referee <i>(email and/or phone)</i>	
Highest Relevant Qualification			
Year of Study/Service			
Attachment Details			
Type	<input type="checkbox"/> Shadowing <input type="checkbox"/> Internship <input type="checkbox"/> Practicum <input type="checkbox"/> Elective		
Start Date		End Date	
Preferred Days/Hours			
Learning Objectives			
Area(s) of Interest			

Done by:
Danial Mahadi

Date: 12/06/2025

Medical & Legal Information					
Health Issues/ Accommodation Requirements					
Professional Conduct Agreement	<input type="checkbox"/> By ticking this box, I agree to uphold professional conduct at all times during my attachment, including respectful communication, appropriate attire, punctuality, and adherence to all clinic policies and ethical guidelines.				
Confidentiality Agreement	<input type="checkbox"/> By ticking this box, I understand and agree to maintain strict confidentiality regarding all client information and clinical activities I am exposed to during my attachment, in accordance with professional and ethical standards. I understand that any breach of confidentiality may result in termination of my attachment, and the centre will not be held liable for any consequences arising from such a breach.				
Criminal Record Declaration	<input type="checkbox"/> By ticking this box, I declare that I do not have any criminal record or history that would prohibit me from working with vulnerable or sensitive populations, including children, adolescents, and individuals receiving mental health services. I understand that if this declaration is found to be false, my attachment will be immediately terminated, and the centre will not be held liable for any consequences arising from the false declaration.				
Supporting Documents Checklist		<input type="checkbox"/> Curriculum Vitae (CV) <input type="checkbox"/> Copy of IC/Passport <input type="checkbox"/> Recent Passport Photo <input type="checkbox"/> University/Workplace Recommendation Letter <i>(If Applicable)</i> <input type="checkbox"/> University/Workplace Placement Request Letter <i>(If Applicable)</i> <input type="checkbox"/> Police Clearance Letter <i>(If Applicable)</i> <input type="checkbox"/> Medical/Accommodation support letter <i>(If Applicable)</i>			
Applicant Declaration I declare that all the information provided in this form is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection or termination of my clinical attachment.					
Signature : _____ Full Name : _____ Date : _____					
FOR OFFICE USE ONLY					
Reviewed by				Position	
Date of Review		Contacted via <i>(If applicable)</i>		Date of Contact <i>(If applicable)</i>	
Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful				
Date & Signature					

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