FORM

APPLICATION FOR THE ISSUING OF AN APPROVAL FOR PRIVATE PRACTICE IN PSYCHOLOGY AND GROUP PRIVATE PRACTICE IN PSYCHOLOGY

First and last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Habitation address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Another language I use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data on the personal licence (number and date of issue):
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Data on the special licence (number and date of issue): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data on other relevant forms of professional training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Proposal of the name for the private practice in psychology:

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Address of the registered office of the private practice in psychology:

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Forms of work of the relevant activity of psychology:

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I intend to perform the activity of psychology in a group private practice in psychology:

YES NO

*\*REMARK: Further to the legislation on the protection of personal dana that is currently in force, I agree that my data be used and processed within the framework of activities, and for lawful purposes, by the Croatian Psychological Chamber, as expressly stated (maintaining public books and records of the Croatian Psychological Chamber and drawing up the relevant statistical reports, etc.).*

In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosures:

* data on the years of service engaged in the activity of psychology
* certificate by the authorised medical institution or private practice specialist in labour law concerning the applicant's general health capacity for work
* certificate of citizenship and permanent residence (copy of the personal identity card/passport or original for review)
* proof of completion of higher education and/or recognised foreign professional qualifications of the psychologist (copy, original for review)
* proof or diploma on completion of schooling in the Croatian language or an appropriate document issued by the competent educational institution proving the knowledge of language, ie, proof of knowledge
* proof of completion of professional training in psychology or proof that the applicant who is a national of an EU Member State or state party to the Agreement on the European Economic Area is trained to perform the work of psychologist in accordance with the legislation of the EU Member State or the state party to the Agreement on the European Economic Area
* for foreign citizens of non-EU countries or states that are not states parties to the Agreement on the European Economic Area, documents set out in the legislation and subordinate legislation governing the work of foreigners in the Republic of Croatia that is currently in force (eg, work and stay permit)
* a statement signed by the applicant by which he or she warrants, under material and criminal responsibility, that he or she has the equipment and premises required to perform the activity of psychology within the meaning of all legislation of the Republic of Croatia currently in force
* other documents and proof of data stated in the application
* a contract of group practice if he or she intends to perform the activity of psychology in a group private practice in psychology