

# BOARD FOR THE PSYCHOTHERAPY PROFESSION IN MALTA

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## APPLICATION FORM

*For warranting and for Registration in the Official Register of Warranted Psychotherapists*

The Hon. Minister for the Family, Children's Rights and Social Solidarity,

I, the undersigned, hereby apply for a Psychotherapist's Warrant in terms of the Psychotherapy Profession Act (2018) I declare that I have read the Psychotherapy Profession Act (2018), Chapter 587 of the Laws of Malta, and the Notes in Section of this Application Form and that the information contained in my application form and attached documents is true and correct.

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Signature of Applicant

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First Name in Block Letters \_\_\_\_\_

Surname in Block Letters \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

I.D. No./Passport No. \_\_\_\_\_

Home or permanent address for entry in the Register:

Postcode:

Address for communication purposes with the Board:

Postcode:

Telephone Number

Mobile Number

Email

Description of psychotherapy qualification and modality:
Date on which conferred:
University, Higher Education Institution or entity by which granted (give name and address in full):

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Description of other qualification/s, including date on which conferred and entity by which granted:

I \_\_\_\_\_ (insert your full name and surname) declare that, to the best of my knowledge and belief, the information in this application is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All data submitted shall be processed according to Cap 586 of the laws of Malta and the EU General Data Protection Regulation (GDPR).

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## IMPORTANT NOTES AND REQUIREMENTS

In terms of the Psychotherapy Profession Act (2018) a person shall qualify to obtain a warrant if such person:

- (a) is a citizen of Malta or a citizen of the EU, or is otherwise entitled or authorised to work in Malta;
- (b) is of good conduct and good moral character;
- (c) has full legal capacity;
- (d) has obtained a bachelor's degree in a human or social science issued by a higher education institution, which the Minister may, on the advice of the Board, specify in regulations; and
- (e) has obtained, to the satisfaction of the Board, training in a specific psychotherapeutic modality for a period of not less than three thousand (3,000) hours, or its equivalent of one hundred and twenty (120) ECTS, which is equivalent to a Master's degree issued by a higher education institution.

In view of the above, please ensure that the following documents are also submitted as part of the Application Form.

1. Identification document (I.D card or Passport) to present upon submission of documents.
2. Original or authenticated<sup>1</sup> copy of the following (English/Maltese version):
  - (a) Recent Police conduct certificate (less than 6 months old);
  - (b) Professional Certificate/s of the Bachelor Degree in a Human or Social Science;
  - (c) Professional Certificate of Post-Graduate Degree in the Psychotherapy Modality;
  - (d) Letters of reference from professionals in the field demonstrating learning knowledge, skills and competence, in English version;
  - (e) A detailed transcript of **Theoretical and Practical** Training and Studies **in hours** directly associated with the specific modality in Psychotherapy and in relation with the profession syllabus performed by your Institution being the University/Higher Education Institution. This has to be endorsed in the original format by the Head/Registrar of your Institution being the University/Higher Education Institution;

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<sup>1</sup> Any photocopies must be authenticated and certified true copies of originals by a lawyer or a notary. If the authorized professional is not resident in Malta, his/her signature is to be legalized through the Ministry of Foreign Affairs in the country of issue.

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- (f) A **recent (six months)** verification certificate of current registration and good standing with the Maltese and/or European Psychotherapy Association/s you are registered with;
- (g) Curriculum Vitae in English;
- (h) **Non-EU Citizens / Citizens from third countries that do not have an agreement with the EU**: Are to submit either a residence permit (or valid visa) or a working permit as proof of authorization to work in Malta.

If the professional qualification is not obtained from an **Accredited Institution in Malta**, a letter is to be submitted, issued from the Malta Qualifications Recognition Information Centre (MQRIC), certifying that the Institution from where the psychotherapy professional qualification is obtained is duly accredited and indicates a Level 7, Master qualification or above in accordance to the Malta Qualifications Framework and as required by the Psychotherapy Profession Act, 2018.

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## CONSENT FORM

I the undersigned, hereby make a voluntary application to the Board for the Psychotherapy Profession in Malta. I understand that my application is subject to the rules, by-laws and other governing provisions of the Board. I agree to be bound by the ethical principles of the Profession and I agree to disqualification from issuance of a warrant in the event that the Board finds me in violation of its rules and regulations.

I hereby authorize the Board for the Psychotherapy Profession in Malta, to make enquiries as it deems appropriate in connection with this application for a warrant, with any individuals, associations, organisations, higher education institutions or other such reference sources as may develop in the course of the Board's investigation of my qualifications to be certified as warranted. I agree and invite anyone so contacted by the Board to answer and respond freely, frankly and without fear of claim of damage by me, and to report to the Board any knowledge, which may seem relevant to the inquiry of the Board.

I hereby give my consent for the release of any information regarding my Maltese citizenship and permission to work in Malta by Jobsplus and/or by the ExPatriate Affairs Office to the Board for the Psychotherapy Profession in Malta for the purposes of Article 3 (3) (a) of the Psychotherapy Profession Act (2018)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name in full

\_\_\_\_\_  
Identity Card Number<sup>2</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
<sup>2</sup> Non-Maltese citizens are to include their passport number here and indicate this.

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## SUBMISSION OF DOCUMENTS

Documents Required	Submitted	Received (for office use only)
Identification Document (I.D. Card or Passport) and authenticated copy, to present upon submission of documents.		
Police Conduct Certificate		
Certificate of Bachelor's Degree/s in a Human or Social Science		
Certificate of Post-Graduate Degree/s in the Psychotherapy Modality		
Detailed Transcript of Theoretical and Practical Training and Studies in the Modality		
MQC recognition if qualification is foreign		
A recent 6 months certificate of current Registration with a Maltese and/or European Association/s applicant is registered with.		
Curriculum Vitae in English.		
2 Reference Letters in English Version		
Consent Form		
Residence Permit or Valid Visa or Working Permit (for Non-EU Citizens/Citizens from third countries who do not have an agreement with the EU).		

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## For office use only: RECOMMENDATION

The recommendation of the Board for the Psychotherapy Profession in Malta is that \_\_\_\_\_ is issued with a psychotherapy warrant.

<b>Name</b>	
<b>Warrant Number</b>	

<b>Signatures:</b>	
<i>Chairperson</i>	
<i>Member</i>	
<i>Member</i>	