

# Malta Psychology Profession Board

Ministry for Social Policy and Children's Rights Palazzo Ferreria, 310, Republic Street, Valletta, MALTA Tel: (+356) 2590 3281 E-mail: <u>mppb.family@gov.mt</u> Website: www.mppb.gov.mt

### **APPLICATION FOR A PSYCHOLOGIST'S WARRANT**

The Malta Psychology Profession Board,

I, the undersigned, hereby apply for a Psychologist's Warrant in terms of Article 3 of the Psychology Profession Act (2004) \_\_\_\_\_

Or

In terms of Article 19 of the Psychology Profession Act (2004)

I \_\_\_\_\_\_ declare that I have read the Psychology Profession Act (2004), Chapter 471 of the Laws of Malta as well as Act No XXII of 2020 and the Notes in Section of this application form and that the information contained in my application form as well as the attached documents are true and correct.

Signature of Applicant

**PLEASE NOTE:** Applications are not to be submitted before the completion of 2 years supervised practice following the completion of the Masters course (120 ECTS), or completion of Masters course (90 ECTS) and 3 years of supervised practice or after 1 year supervised practice following completion of a professional Doctorate. (For further guidelines kindly refer to the documents on the MPPB website)

SECTION A: PERSONAL DETAILS			
Name			
Surname			
Status			
(Mr, Ms, Dr, etc)			
Maiden Surname (if applicable)			
Nationality <sup>1</sup>			
Identity Card number <sup>2</sup>			
Postal Address			
Email Address			
Telephone Numbers		Home: Work: Mobile:	

<sup>&</sup>lt;sup>1</sup> Non-Maltese nationals applying for a Warrant are requested to produce a document indicating that they are permitted to work in Malta under any law, in terms of Article 3(3)(a) of the Psychology Profession Act, Chapter 471 of the Laws of Malta.

<sup>&</sup>lt;sup>2</sup> Non-Maltese nationals are to include their Passport Number here and indicate it in the space provided.

# SECTION B: AREA OF SPECIALISATION<sup>3</sup>

Area	Tick where appropriate
Academic	
Clinical	
Counselling	
Education	
Forensic	
Health	
Neuro	
Organisational	
Research	
Social	
Sport	

<sup>&</sup>lt;sup>3</sup> See No. 3 of notes on page 7. Area of specialisation should be indicated on the Master or Doctoral Degree Certificate

# Malta Psychology Profession Board

Established by virtue of Article 4 of Act X of 2004

## SECTION C: QUALIFICATIONS

QUALIFICATIONS (Full Title & Brief Description)	AWARDING INSTITUTION	DATE COMPLETED	DURATION

### Malta Psychology Profession Board

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### SECTION D: EXPERIENCE<sup>4</sup>

	PSYCHOLOGY EXPERIENCE				
DATES	AGENCY	TYPE OF ACTIVITY <sup>5</sup>	AVERAGE WEEKLY HOURS	CONFIRMATION OF EMPLOYMENT <sup>6</sup>	TOTAL NUMBER OF HRS TO DATE <sup>7</sup>

<sup>&</sup>lt;sup>4</sup> Should more space be required in this section, a copy of this necessary page is to be made.

 $<sup>^{5}</sup>$  Specify activity: administrative, teaching, research, supervision, psychotherapy, other.

<sup>&</sup>lt;sup>6</sup> Confirmation of employment should either include the signature of the Director of Operations or Human Resources Manager of the Agency, which should be rubber stamped, or else documentation needs to be provided to validate the claim.

<sup>&</sup>lt;sup>7</sup> A minimum of 3 years full time experience or equivalent in part time (5655 hours) are required Post Master Degree with 90 ECTS, 2 years full time experience or equivalent in part time (3770 hours) are required post-Masters with 120 ECTS or 1 year full time experience or equivalent in part time (1885 hours) post professional Doctorate.

SUPERVISION (POST QUALIFICATION) <sup>8</sup>				
DATES	AGENCY/ PRIVATE	FREQUENCY	SUPERVISOR	CONFIRMATION

l	(Name of Supervisor and specialisation)
confirm that	(number) hours of supervision were held with
	(Name of Supervisee).

Signature

In case of more than one supervisor:-

DATES	AGENCY/ PRIVATE	FREQUENCY	DURATION	SUPERVISOR	CONFIRMATION

l	(Name of Supervisor and specialisation)
confirm that	(Number) hours of supervision were held with
	(Name of Supervisee).

Date

Signature

• The main supervisor also needs to send a letter of recommendation for warranting to the MPPB.

Supervision hours required are 135 hours post Master Degree (90 ECTS), 90 hours post Master Degree (120 ECTS) or 45 hours post professional Doctoral Degree.

<sup>&</sup>lt;sup>8</sup> This table must include **only** supervision undertaken after the 10<sup>th</sup> August 2004 i.e. the date when the Law came into effect.

<sup>•</sup> A written attestation by supervisor may replace this declaration. Please refer to page 7 note 1(2).

<sup>•</sup> At least 50% of the supervision has to be carried out by a registered supervisor/s in the area one is applying for.

#### Section E: Important Notes

- 1. Persons may qualify for the issue of a warrant on the basis that according to Article 3(3)(a)(b)(c)(d) "such Person":
  - (a) is a Maltese citizen, or is otherwise permitted to work in Malta under any law<sup>9</sup>; and
  - (b) is of good conduct; and
  - (c) is in possession of the Masters Degree in Psychology conferred from the University of Malta or of another professional qualification as the Board may deem equivalent; and
  - (d) satisfies the Board that he has received adequate experience in the practice of the profession of psychology for an aggregate period of two years full-time or its equivalent in part-time following the completion of such a degree or such other professional qualification under the supervision of a registered psychologist. (Psychology Profession Act, 2004, Article 3 (d)).

or according to Article 19:

- (1) Any person who on the coming into force of this Act is in possession of a professional qualification in psychology that makes him eligible for a warrant licence to practice in the country where the professional qualification was obtained, shall be deemed to have satisfied the provisions of paragraph (c) of sub-article (3) of Article 3 of this Act.
- (2) For the purposes of paragraph (d) of sub-article (3) of article 3 of this Act, any training undertaken by any person who has obtained the qualification referred to in paragraph (c) of this sub-article, between the date of such qualification and the coming into force of this Act, shall be deemed to have been undertaken under the supervision of a registered psychologist.
- (3) Not withstanding the other provisions of this Act, any person who satisfies the Board that prior to the coming into force of this Act:
  (a) is in possession of a Masters Degree in Psychology which includes professional training; and
  - (b) lectured at tertiary level on a regular basis in psychology or held a post of psychologist in a Government department or agency for at least ten years, shall be deemed to satisfy the requirements of paragraphs (c) and (d) of subarticle (3) of article 3 of this Act (Psychology Profession Act 2004, Article 19).

<sup>&</sup>lt;sup>9</sup> Applicants are advised to contact Identity Malta and/or Jobsplus in order to verify their citizenship or permission to work in Malta. The Board will contact the relevant authorities to verify this.

- 2. The Ministry for Social Policy and Children's Rights uses the information submitted in this application form for the issue of a Psychologist's warrant in accordance with the relevant provisions of the Psychology Profession Act 2004. This information is accessed by the Board and any personnel involved in such processing to evaluate any application. The Board may also get information about the applicant from certain third parties including other government departments and authorities to prevent or detect crime or to protect public funds in other ways as permitted by law. The Board will not disclose information about the applicant to anyone outside the Ministry for Social Policy and Children's Rights unless the law permits it to do so.
- 3. All data is collected and processed in accordance with the Data Protection Act 2001 and other subsidiary legislation.
- 4. The application together with the relevant documents is to be submitted to: The Secretary, Malta Psychology Profession Board, Office of the Permanent Secretary, Ministry for Social Policy and Children's Rights, Palazzo Ferreria, 310, Republic Street, Valletta
- 5. A fee of € 25 will be charged for each application. Payment can be made in cash or by cheque. Cheques are to be made payable to: Ministry for Social Policy and Children's Rights.
- 6. The application should include:
  - A Police Conduct Certificate
  - Photocopies<sup>10</sup> of any certificates of qualifications included in the application
  - Proof of any psychology warrant/licence/registration acquired abroad, where applicable
  - A completed Consent Form<sup>11</sup>
  - Copy of the completed Submission of Documents sheet<sup>12</sup>
  - € 25 payment in cash or by cheque

<sup>&</sup>lt;sup>10</sup>Any photocopies must be authenticated and certified true copies of originals by a notary or a Commissioner of Oaths. If the authorized professional is not a resident in Malta, his/her signature is to be legalised through the Ministry of Foreign Affairs in the country of issue.

<sup>&</sup>lt;sup>11</sup> To be found on page 9 of this application

<sup>&</sup>lt;sup>12</sup> To be found on page 10 of this application.

#### **CONSENT FORM**

I the undersigned, hereby make a voluntary application to the Malta Psychology Profession Board. 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, without affecting my right to appeal, to disqualification from examination or issuance of a warrant in the event that the Board finds me in violation of its rules and regulations.

I hereby authorize the Malta Psychology Profession Board, to make enquiries as it deems appropriate in connection with this application for a warrant, with any individuals, associations, organisations, 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 Identity Malta to the Malta Psychology Profession Board for the purposes of Article 3 (3) (a) of the Psychology Profession Act (2004)

Signature

Name in full

Identity Card Number<sup>13</sup>

Date

<sup>&</sup>lt;sup>13</sup> Non-Maltese citizens are to include their passport number here and indicate this.

# SUBMISSION OF DOCUMENTS<sup>14</sup>

Type of Document	Submitted	Received (for office use only)
Police Conduct Certificate		
Copy of Passport in the case of Foreign applicants		
First Degree in Psychology Certificate		
First Degree in Psychology Transcript		
Post Graduate Qualification/s Certificate/s		
Post Graduate Qualification/s Transcript Detailing number of ECTSs		
Other Academic Qualification/s Certificate/s		
<ul> <li>Proof of Employment for one of the following:</li> <li>3 years full time post Masters (90 ECTs) or its equivalance in part-time (5655 hrs) or</li> <li>2 years full time post Masters (120 ECTs) or its equivalence in part-time (3770hrs)</li> <li>1 year full time post professional Doctorate or its equivalence in part-time (1885hrs)</li> <li>Proof of supervised practice: <ul> <li>(135 hrs) post Masters (90 ECTS) or</li> <li>(90hrs) post Masters (120 ECTs) or</li> <li>(45hrs) post professional</li> </ul> </li> </ul>		
Doctorate Consent Form		
Psychologist Warrant/ License/ Registration Acquired Abroad		
MQRIC recognition if qualification is foreign		
Letter of Recommendation from Main Supervisor		
Any other documents		

<sup>&</sup>lt;sup>14</sup> Please mark only those documents, which are necessary for your application and which have been submitted.

## For office use only: Recommendation

The recommendation of the Malta Psychology Profession Board is that \_\_\_\_\_\_is issued with a Psychologist's Warrant in \_\_\_\_\_\_.

Name and Warrant Number	Signature	
		Chair
		Member
		Member
Date:		