



International Association for Child and Adolescent Psychiatry
and Allied Professions
Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent
et des Professions Associées

Application Form for Early Career Group (ECG) Member

The Early Career Group (ECG) Member is open to the IACAPAP Member who meet the following criteria :

- A child and adolescent psychiatrist, general psychiatrist or allied profession within seven (07) years of qualification;
- Any trainee of child and adolescent psychiatry, general psychiatry or allied profession;
- Undergraduate student of child and adolescent psychiatry or allied profession.

Name / First Name			
Surname / Last Name			
Address			
Country			
Email			
Phone			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Divers
Profession	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Pediatrician
	<input type="checkbox"/> Nurse	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Student/Trainee
	<input type="checkbox"/> Other, please specify		
Field of work	<input type="checkbox"/> Hospital	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Public Sector
	<input type="checkbox"/> Research	<input type="checkbox"/> School	
	<input type="checkbox"/> Other, please specify		
Are you a Member of IACAPAP?	<input type="checkbox"/> IACAPAP Individual Member	<input type="checkbox"/> IACAPAP Full Member Please provide the name of IACAPAP Full Member:	<input type="checkbox"/> No, I'm not a member of IACAPAP

Why you want to become a member of Early Career Group?	
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I hereby confirm that all data given in this form is correct at the time of submission.

We ask you to kindly authorise us, by returning this form, to use all data given in this form for handling your membership application for Early Career Group (ECG) member.

Date of application

Place

Signature

Please enclose the following documents:

- A copy of your CV
- A copy of proof of within seven (07) years of qualification verified by head of department
- A copy of the Student Certification (for student only)

This form should be returned to

Administrator, IACAPAP

Email: info@iacapap.org