Complete and forward this form and other requested material **by the 1st of December**.

|  |  |  |  |
| --- | --- | --- | --- |
| Post to: | **ABA Selection Panel**  **University of Auckland**  **School of Psychology**  **Private Bag 92019**  **Auckland Mail Centre 1142**  **New Zealand** | Personal delivery/  courier to: | **ABA Selection Panel**  **School of Psychology**  **Building 302, Level 2 Reception**  **Cnr Wellesley St and Symonds St**  **Auckland Central**  **New Zealand** |
| Email to: | [**psych-postgradapp@auckland.ac.nz**](mailto:psych-postgradapp@auckland.ac.nz) |  |  | |

**NOTES:**

1. Pease read the “Information for Applicants” on the following link before completing this form. <https://cdn.auckland.ac.nz/assets/psych/for/future-postgraduates/documents/ABA%20Information%20for%20Applicants.pdf>
2. Please complete this form if your intention is to enrol in the Year 1 courses of the ABA programme, pursue a professional career in ABA, and/or to apply to the Behaviour Analyst Certification Board® to become either a Board Certified Behaviour Analyst (BCBA) or a Board Certified Associate Behaviour Analyst (BCABA).
3. Please complete the online application using the following link: <https://www.auckland.ac.nz/en/about/apply-now-page.html>

Apply under Postgraduate Diploma (Science or Arts) and select the **Applied Behavioural Analysis** specialisation

1. Please complete this form by typing the answers in the required fields, You can sign it electronically and e-mail it, OR print it out, physically sign, and post the signed form to the appropriate address as above. You can courier to the School of Psychology physical address but DO NOT courier to the Private Bag.
2. You are welcome to enclose Curriculum Vitae and any other information that you believe may support your application.
3. A letter informing you of the selection results will be sent to your email contact address before the 20th of December.

# PERSONAL INFORMATION

|  |  |
| --- | --- |
| Full Name |  |
| Contact Address |  |
| Contact phone numbers |  |
| Email address |  |
| Date of Birth |  |
| Ethnic identity |  |
| NZ/Australian citizenship/residency (delete irrelevant) | Yes/NZ/AUS/No |
| Gender |  |

1. **ACADEMIC QUALIFICATIONS**

Applicants who completed their previous tertiary study at The University of Auckland need not attach any documentation. All others **must** attach a copy of their official Academic records to be considered for the programme. The section on Recognition of Previous Tertiary Study (ROPAS) on the online application form must also be completed in full.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree |  |  |  |  |
| Major |  |  |  |  |
| Institution |  |  |  |  |
| Years of attendance |  |  |  |  |

Please list all courses that had a behaviour analytic component (i.e. behavioural modification, behaviourism, operant behaviour, respondent behaviour, experimental analysis of behaviour, or applied behaviour analysis).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Institution | Course Title | Grade Obtained | Hours of  Behavioural  Lectures |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **WORK EXPERIENCE**

List all the jobs you have had, full or part-time, paid or voluntary.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Employer | Position | Description of duties |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **INTENDED ENROLMENT DETAILS**
2. I intend enrolling (delete irrelevant)

FULL TIME/PART-TIME (discouraged due to requirement for registration with BACB)

1. If I am offered a place in the ABA Year 1 courses, and I successfully complete the requirements of those courses and the degree in which I enrolled, I intend pursuing the following qualification in the future. (delete irrelevant)

Master of Science – 2nd year

Master of Arts – 2nd year

Postgraduate Diploma in Applied Psychology – 3rd year

No further qualification

1. **INTERESTS IN APPLIED BEHAVIOUR ANALYSIS**

With which groups are you interested in working once you have completed your intended programme of study? (Tick all that interest you)

|  |  |  |
| --- | --- | --- |
| Infants (0-2) |  |  |
| Children (1-3) |  |
| Children (5-11) |  |
| Children and youth (12-18) |  |
| Adults |  |
| Older Adults |  |
| Other groups e.g. animals, organisations (specify) |  | |

With what types of difficulties?

|  |  |  |
| --- | --- | --- |
| Intellectual handicap (mental retardation) |  |  |
| Development disorders (e.g. autism) |  |
| Physical disabilities |  |
| Mental health difficulties |  |
| Substance abuse (e.g. drug addiction, alcoholism) |  |
| Health problems |  |
| Family problems |  |
| Behaviour problems |  |
| Criminal problems |  |
| No disabilities or problems |  |
| Others (please specify) |  | |

In what settings?

|  |  |  |
| --- | --- | --- |
| Home |  |  |
| School |  |
| Other educational |  |
| Work |  |
| Leisure/sport |  |
| Residential (e.g. group homes) |  |
| Healthcare (e.g. hospitals, clinics) |  |
| Other (specify) |  | |

Have you read the information offered on the Behaviour Analyst Certification Board® Inc. website at [www.bacb.com?](http://www.bacb.com/) (delete irrelevant)

**YES/NO**

Is there any reason why you might be ineligible for the BACB® examinations (BCBA or BCABA) when you have completed your intended programme of study? (delete irrelevant)

**YES/NO**

How did your interest in applied behaviour analysis begin? (no more than 100 words)

|  |
| --- |
|  |

Identify those personal qualities and academic abilities that would likely help you become a qualified and effective behaviour analyst? (no more than 100 words)

|  |
| --- |
|  |

1. **PROFESSIONAL CREDENTIALS**

Particular problems that some people have, or have had, may impair their ability to work as a Behaviour Analyst and Psychologist. You may choose to provide this information on this form or in person/writing to the Director of ABA Programme. If you are selected and such factors are later discovered, it may affect judgements about your professional suitability.

Have you acted violently towards another person?

**YES/NO** If YES, explain below.

|  |
| --- |
|  |

Do you currently have, or have had, problems associated with alcohol or drug use?

**YES/NO** If YES, describe the steps you have taken to change and address these problems.

|  |
| --- |
|  |

Do you currently have, or have had, problems with health or well-being (physical and/or psychological) that may impact on your ability to train and/or work as a Behaviour Analyst/Psychologist?

**YES/NO** If YES, describe the steps you have taken to manage these problems.

|  |
| --- |
|  |

1. **RISK ASSESSMENT**

The Vulnerable Children’s Act 2015 requires that employers complete a risk assessment of workers engaged with children. Students who complete placements in such agencies must also comply with the Act. For this reason the School of Psychology will complete a risk assessment and police vetting procedure before your place in the programme is confirmed.

This risk assessment requires several actions:

* A written response to the questions given below.
* A reference check with at least one of your referees.
* Police vetting: *You will be asked to provide information and consent for the School to apply to the Police for the vetting procedure to be completed. More information about this will be provided upon provisional selection.*

**Questions:**

1. Have complaints ever been made about your practice in previous employment (paid or unpaid) and how have you responded to such complaints? If YES, describe.

|  |
| --- |
|  |

1. Specifically, have you ever been the subject of a complaints procedure during employment? If YES, describe.

|  |
| --- |
|  |

1. What were your reasons for leaving previous job(s)?

|  |
| --- |
|  |

1. Have you ever been convicted of an offence? If YES, describe.

|  |
| --- |
|  |

**REFEREES**

The Referees should not be family members. Preferably, at least one referee should be from an employer or previous work supervisor.

|  |  |
| --- | --- |
| Name |  |
| Postal Address |  |
| Phone |  |
| Email |  |
| Relationship |  |

|  |  |
| --- | --- |
| Name |  |
| Postal Address |  |
| Phone |  |
| Email |  |
| Relationship |  |

You must sign the following statement concerning Referee’s requests. The School of Psychology requests your permission to contact your referees if they consider it necessary. The purpose of contacting referees will be to ask them about your academic aptitude, research skills, personal skills, and your suitability for admission and potential success in the programme.

I agree that the above-named referees may be contacted for the purposes described in sections 7 & 8.

Date:

SIGN HERE

1. **DECLARATION**

|  |
| --- |
| I declare that the information I have given in this application form is true and accurate. If statements I have made are found to be false or inaccurate, I acknowledge that my application may not proceed.    SIGN HERE Date: |

**CHECKLIST**

I have read “ABA Information for Prospective Applicants”.

I have submitted online application

I have typed the relevant information on the form (no handwriting).

I have signed all relevant parts of the form.

I have enclosed **all** Academic record(s) (including UoA unofficial transcript.)

I have securely attached my photo on page 1 of this form.