

Please complete using BLOCK CAPITALS

Notification of Changes

Please note! Changes in employment conditions/working hours may be significant in determining the membership fee and must be reported to the secretariat immediately after having occurred. Membership adjustments take place starting from the quarter following the change.

Last name: _____ First name(s): _____
Social security no.: _____ Title: _____
Membership no.: _____ Date of change: _____

Please fill out any changes regarding the following:

Change of home address, telephone and e-mail:

Address: _____ Postal no. & city: _____
Home telephone: _____
Cell phone: _____ E-mail address: _____

Change in principal employment:

Employment authority: _____
Place of employment: _____ Department: _____
Address: _____ Postal no. & city: _____
Tel: Main no.: _____ Ext.: _____ E-mail, place of employment: _____
Start date of employment: _____ Number of hours per week: _____

Employed on a collective agreement _____ Public servant _____
Salary (according to "new agreement") _____ Salary (according to "old agreement") _____
Private-sector employee _____ Private practice _____
On hourly pay _____ Other: _____

In addition to the change, I am keeping the following employment: _____

Please note! For psychologists who are employees: A copy of the most recent employment contract or pay slip (both pages) MUST be enclosed!

Change of secondary occupation:

Employment authority: _____

Place of employment: _____ Department: _____

Address: _____ Postal no. & city: _____

Tel. main no.: _____ Ext.: _____ E-mail, place of employment: _____

Start date of employment: _____ Number of hours per week: _____

In addition to the change, I maintain the following employment: _____

Please note! For psychologists who are employees: A copy of the most recent employment contract or pay slip (both pages) **MUST** be enclosed!

Other change: (Please fill out)

I graduated as a psychologist on (date): _____

Please note! A copy of the diploma or reprint of the transcript **MUST** be enclosed!

I am unemployed since (date): _____

I am on leave from (date): to: Type of leave: _____

Paid leave _____

Leave without pay _____

Member living abroad _____

I am on early retirement since (start date): _____

I became a senior citizen on (date): _____

Notes:

With my signature, I allow the Danish Psychological Association, in accordance with the legislation on personal data, to process and store the information stated above to the extent that is necessary.

Date: _____ Signature: _____