

Attachment 4**Master's Programme in Psychology with a focus on Clinical Psychology and Psychotherapy
Application for additional admission points
*Relevant work experience***

Applicant: _____

(Surname, First name)

I would like to apply for recognition of relevant work experience as part of my application for the Master's Programme in Psychology with a focus on Clinical Psychology and Psychotherapy at the FU Berlin.

I certify that this activity met the following criteria:

- The activity was clearly related to professional or research practice in psychology.
- The activity took place under the supervision of a psychologist with a university degree or under the supervision of a social worker, a social pedagogue or a medical psychiatrist. If the supervision was not carried out by a psychologist, but by a person from one of the other groups mentioned, a university professor has confirmed the clear relevance to psychological professional or research practice.
- The activity is not identical to a vocational internship that was completed as part of the B.Sc. programme in Psychology.
- The activity took place during or after the B.Sc. degree programme in Psychology. The activity comprised a duration of at least 6 months in total, and an amount of at least 200 hours.

At least 50% of the above-mentioned activity has been completed at the time of application. It will be fully completed by 30.09 of the year of application.

_____ (Date) _____ (Applicant's signature)

IMPORTANT:

The activity, as well as its clear relevance to the area of study, must be confirmed on the following page by the supervising psychologist. Alternatively, the confirmation can also be made by a professor from the university at which you obtained your degree in psychology.



Verification of work experience with clear relevance to psychological professional or research practice

Note: Please fill out all empty fields

Activity Clear and comprehensible description of the activity (maximum 400 characters)			
Duration	Start	End	Amount (in hours)
Name of Institution			
Supervisor with a university degree in psychology or social worker or psychiatrist with a corresponding university degree.	Title First name Surname		
Date, Signature and Stamp of the supervisor (Alternatively, from a university professor. In the case of supervision by a social worker, a social pedagogue or a psychiatrist, the verification must be completed by the professor).	I certify that this activity fulfilled the following criteria: -The activity was carried out under the supervision of a psychologist with a university degree, or a social worker, social pedagogue or psychiatrist. -The activity was clearly related to professional or research practice in psychology. If the activity is still ongoing: It will have been completed to the extent stated above by 30.09 of the year of application.		

Note: If the required duration (at least 6 months) or the required amount (at least 200 hours) is reached as the result of several different activities, a separate form must be completed in full for each individual activity. All forms, including the first page of the application, must then be submitted in a single file.