

Cognitive Assessment Training **NOW ONLINE**

CAT-

This online training package enables professional therapists to use certain neuropsychological assessments usually restricted to psychologists

Training for:



**Behavioural
Assessment of the
Dysexecutive Syndrome
(BADS)**



Doors and People



**Test of Everyday
Attention (TEA)**

NOW AVAILABLE

Training details:

- ▶ The training costs £170 + VAT
- ▶ This will give you access to online training for any or all of the three products
- ▶ You will also need to be able to access hard copies of the products you wish to train on.
- ▶ Expected completion time for the whole course is about 5 hours online learning, with a further 3 hours self-directed.

Training includes:

- ▶ In-depth background on statistical concepts important for test selection, administration, scoring and interpretation
- ▶ Information on theoretical aspects of the featured tests and practical guidance on administration, scoring and interpretative issues to facilitate the therapist's selection and application of standardised assessments with service users.
- ▶ Multiple choice questions to assess a candidate's understanding of statistical concepts and the tests involved in the training.
- ▶ Certification on completion to use BADS, Doors and People and TEA.

Training features:

- ▶ The program enables you to learn at your own pace in the convenience of your home or office
- ▶ Access to online tutor
- ▶ Discussion forums
- ▶ Library of relevant resources.

> > See a video demo of the training:
www.pearsonclinical.co.uk/catodemo

Cognitive Assessment Training Online

(Please complete in black ink and in block capitals)

Name and address of customer registering for course

Title	Surname
First name	Position
Registration number (if known)	Phone no:
Email (required)	
Address	

NB If you are already registered with Pearson Assessment, please ignore the Registration form. However, if you are unsure if you are registered please complete the registration section. Or, if you aren't registered please fill in the registration form.

Registration Form

PLEASE NOTE: In order to use our assessment materials you must be registered with Pearson Assessment. This can be done by completing the form below.

Sphere

- Clinical Psychology
 Research
 Occupational Therapy
- Speech and Language Therapy
 Other (please state) _____

Professional Body / Organisation

- The British Psychological Society
 Health Professionals Council (HPC)
 Other (Please state) _____

Interest

- Child
 Adult
 Both

Please give details of all education, training and experience which will have a bearing on the range of tests made available to you.

Year	Course	Establishment	Qualification

I certify that the details supplied are correct to the best of my knowledge. I agree to protect clients and the integrity of restricted publications by ensuring that they are not used by unauthorised persons.

Signature _____ Date _____

DATA PROTECTION ACT: Pearson Assessment retains certain personal information about you in hard copy and on computer. It will be used for the purpose of administering your account and supplying goods and services requested or ordered by you. We will also inform you about other products and services available from Pearson Assessment in which you may be interested. Please tick here if you DO wish to receive this information. (We do not rent out your personal data to other companies). [] Email [] Mail [] Phone

Order form **NB You will need hard copies of the tests you wish to train on. Please contact us using the details below if you would like further information about this.**

Please send me a copy of:	ISBN	Price (exc VAT)	Qty	Total (£)
Cognitive Assessment Training Online	978 0 7491 3494 5	£170.00		

NB Prices are subject to change without prior notice

Total (£)

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Please invoice my institution for the amount: £

(NB If ordering via the NHS, to enable your order to be processed we require an official purchase order to be attached to this order form)

Purchase order number: _____

I enclose a cheque (made payable to Pearson, Assessment) for: £

I wish to pay by credit card: American Express/Visa/Mastercard/Maestro
(delete as appropriate)

Card number: _____

3 digit security no: _____

Amount: _____

Expiry date: _____

Issue number: _____

Signature: _____

Your signature is essential when paying by credit card



Please return to: Pearson Assessment, Halley Court, Jordan Hill, Oxford OX2 8EJ

Tel: 0845 630 88 88

Fax: 0845 630 55 55

Email: info@pearsonclinical.co.uk

Web: www.pearsonclinical.co.uk