

# REGISTRATION FORM

PLEASE COMPLETE IN CAPITAL LETTERS USING BLACK INK

# PEARSON

Title Dr

Surname

First Name

Position

Address (please tick as appropriate)

Home

Work

Address

Postcode

Phone no (required)

Email (required)

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

Year	Qualification	Course	Establishment

HPC Number:

GTC Number:

Please indicate below the sphere within which you are working and the organisation or professional body which recognises your training and qualifications if applicable. Please note that in order to purchase certain products, we may ask for evidence of relevant qualifications.

## Sphere

- Clinical Psychology
- Educational Psychology
- Forensic Psychology
- Mental Health Professional
- Psychiatry
- Paediatrician
- Research
- Teaching
- Occupational Therapy
- Speech and Language Therapy
- Other Allied Health Therapy
- Other (please state)

## Professional Body/Organisation

- The British Psychological Society
- Association of Educational Psychologists
- General Teaching Council
- Health Professions Council
- Chartered Society of Physiotherapists
- Royal College of Speech and Language Therapists
- British Association of Occupational Therapists
- College of Occupational Therapists
- Royal College of Psychiatry
- British Medical Association
- Other (please state)

## Interest

- Paediatric / School Age
- Adult
- Both

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 24/02/2012

**DATA PROTECTION ACT:** Pearson 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 the relevant boxes if you DO wish to receive this information.** (We do not rent out your personal data to other companies).

By post

By phone

By email

**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](mailto:info@pearsonclinical.co.uk) • [www.pearsonclinical.co.uk](http://www.pearsonclinical.co.uk)

Registered VAT No. GB 278 5371 21