



Cogmed Working Memory Training Training Order Form

What does your Cogmed Training include?

- **Coach Training and Training Web ID's** according to your subscription level (training can be attended at any time in the subscription year)
- **N.B:** Qualification code for ordering is CL3, please see www.psychcorp.co.uk/qualifications

When your order has been accepted by Pearson Assessment you will receive:

- **Access to Cogmed Training Web** including:
 - **Downloadable link(s)** to your chosen Cogmed programs
 - **Coach Tool** access enabling you to follow end user results
 - **Downloadable materials** helping you to coach your end users through working memory training.
- **Cogmed Coach Training** - consisting of a half day's training covering:
 - What is working memory?
 - Training effects
 - Demonstration of the training programmes
 - Training Web – the coaching tool
 - Working as a coach

To register for Coach Training

Please enter below the training date that you wish to attend. A list of available dates can be found on our website at www.psychcorp.co.uk/cogmedtraining

Date of Training:

Note: Each attendee must complete a separate copy of the coach registration form (see reverse). You may photocopy this form or download additional copies at www.psychcorp.co.uk/cogmedtraining

Please tick here to indicate you have **READ & AGREE** to be bound by the **TERMS & CONDITIONS** including the automatic renewal provisions.
(Terms & Conditions are available at www.psychcorp.co.uk/cogmedterms)

Cogmed Coach Training Registration Form

(Please complete in black ink and block capitals)

Name and address

Please note: To order Cogmed and attend Coach Training, you must be registered with Pearson Assessment. This can be done by completing the form below. The purchasing of Cogmed needs to be made by someone with a qualification code of CL3 or above - please see website for details.

Title	*Surname
*First name	Position
*Address of Establishment	
*Postcode	
Telephone	
*Email	
Reg. number (if known)	

*Required information, we need this to send you all the information needed to access Cogmed and attend training

Qualifications

Please indicate below the sphere within which you are working and the organisation or professional body which recognises your training and qualifications, if applicable.

Sphere

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

Professional Body/Organisation

- The British Psychological Society
- Association of Educational Psychologists
- General Teaching Council
- Health Professional 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
- Other (please state) _____

Interest

- Paediatric
- Adult
- Both

Please give details of all education, training and experience which will have a bearing on the range of products 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.)

Payment

I wish to pay by credit card (please provide email address above*)

American Express/Visa/MasterCard/Maestro (Delete as appropriate)

Card No.	Expiry date	Issue No.
3 digital security number (on the back of card)	Signature	(Your signature is essential when paying by credit card)

Please invoice my institution for the amount (address to be provided overleaf): _____

Purchase Order No. _____ Name of person to invoice _____

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

Tel: 0845 630 88 88 ~ Fax: 0845 630 55 55 ~ Email: info@psychcorp.co.uk

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