

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	Professional Body/Organisation	Interest
<input type="checkbox"/> Teaching	<input type="checkbox"/> General Teaching Council	<input type="checkbox"/> Paediatric
<input type="checkbox"/> Education Psychology	<input type="checkbox"/> Association of Educational Psychologists	<input type="checkbox"/> Adult
<input type="checkbox"/> Other (please state)	<input type="checkbox"/> Other (please state)	<input type="checkbox"/> 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.)

Register to attend 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.

Note: Up to 5 people can register for Coach Training per subscription year; these can attend training at any time within the subscription year. Each attendee must complete a separate copy of this form. You may photocopy this form or download additional copies at www.psychcorp.co.uk/cogmedtraining

Date of Training: _____

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