

Customer Registration Form

We take every reasonable measure to preserve the integrity and security of our assessments. In line with British Psychological Society procedures, all our customers are required to register with us before they purchase an assessment. The information that you give us about your qualifications, training and the institution in which you work, enables us to identify which class of assessment you are eligible to use. Please use the form below to register as a GL Assessment customer. Do give as much information as possible about your relevant qualifications and experience.

Registration is a one-off process. Once it is complete, you will be allocated a unique ID number. This number is stored with your customer details and is activated each time you contact us. Your registration details can be updated at any time by calling our Customer Services team on 0845 602 1937.

Return your completed form to:
Customer Registrations,
GL Assessment,
Freepost London 16517,
Swindon,
SN2 8BR.

NB¹⁾: If you are registering as a school, and have completed sections 1 and 2, you do not need to include any further details. If you are not buying assessments on behalf of a school, please complete sections 1, 3 and 4 and enclose photocopies of your qualification certificates.

NB²⁾: If you are a private school or private company and do not receive government funding, please either tick the box provided to receive an application for a credit account, or register your details online at www.gl-assessment.co.uk

Section 1 – Personal Details		
First name	Surname	Title
Job title	Employer's/School Name (trading name if self-employed)	
Work/School Address		
Telephone	Postcode	
Email	Fax	

Go to Section 2 for Schools. Go to Section 3 for Health, Social Care and Specialist Assessments.

Section 2 – School Information			
Which of these best describes your current institution? (tick where appropriate)			
<input type="checkbox"/> Agent	<input type="checkbox"/> Infant School	<input type="checkbox"/> Independent School	<input type="checkbox"/> Independent Consultancy
<input type="checkbox"/> Bookshop	<input type="checkbox"/> Primary School	<input type="checkbox"/> Special School	<input type="checkbox"/> Learning Support Service
<input type="checkbox"/> Nursery School	<input type="checkbox"/> Secondary School	<input type="checkbox"/> LA	<input type="checkbox"/> Other – please state _____ _____ _____
Please state your school's DFE number			
What is your school's status?		<input type="checkbox"/> BFPO	<input type="checkbox"/> Independent School
		<input type="checkbox"/> State School	<input type="checkbox"/> Academy
		<input type="checkbox"/> LA Maintained	<input type="checkbox"/> PRU
Please send me further information on the following topics:			
<input type="checkbox"/> Assessment	<input type="checkbox"/> Educational Psychology	<input type="checkbox"/> Literacy	<input type="checkbox"/> Staff development
<input type="checkbox"/> SEN	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Numeracy	<input type="checkbox"/> Performance Management
<input type="checkbox"/> Child Ability	<input type="checkbox"/> Mental health	<input type="checkbox"/> Early Years	<input type="checkbox"/> Senior Leadership
<input type="checkbox"/> Speech and Language Therapy	<input type="checkbox"/> Child development	<input type="checkbox"/> School improvement	<input type="checkbox"/> Self Evaluation

Section 3 – Health, Social Care and Specialist Resources	
Which of these best describes your current institution?	Please send me further information on the following topics:
<input type="checkbox"/> Agent	<input type="checkbox"/> Child Psychology and Mental Health
<input type="checkbox"/> Charity	<input type="checkbox"/> Personal and Social Development
<input type="checkbox"/> Children's Centre/Nursery	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Educational Psychology Service	<input type="checkbox"/> Specific Learning Difficulties
<input type="checkbox"/> GP Surgery	<input type="checkbox"/> Neuropsychology
<input type="checkbox"/> Health Authority	
<input type="checkbox"/> NHS Trust	
<input type="checkbox"/> Other Hospital	
<input type="checkbox"/> School	
<input type="checkbox"/> University/College	

OFFICIAL USE ONLY

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Reader Number

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Registered Test User Code

PLEASE ENSURE THAT YOU HAVE COMPLETED BOTH PAGES OF THIS FORM

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Section 4 – Membership /Qualifications/ Training /Experience

Professional Membership Please list membership of professional bodies, specifying type of membership.

Academic Qualifications Please give full details of qualification and subject. If none, please write 'none'. Note that the information you give here will determine which services you will be able to take advantage of, so please provide as much detail as possible.

Qualification	Subject	Institution	Date	Certificate Enclosed
_____	_____	_____	_____	_____ ✓
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Relevant Further Training e.g. Postgraduate Certificate in Education, psychology qualification. Please give full details of qualification and subject. If none, please write 'none'.

Course Attended	Training Provider	Date	Certificate Enclosed
_____	_____	_____	_____ ✓
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Experience of Testing Please give details of any tests you have used and whether you administered and/or interpreted them. Again please provide as much detail as possible.

We store your data to ensure that you are kept fully informed of our products and services. Your data is protected and not passed onto third parties. If you would not like to receive further information from companies within the Granada Learning Group, please tick the box.

Tick here if you would like to receive occasional updates about our assessments, products and services.

Signature _____ Date _____

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