

## 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 an 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 Support team on 0845 602 1937.

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

NB<sup>(1)</sup>: 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.

NB<sup>(2)</sup>: 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](http://www.gl-assessment.co.uk)

### Section 1 – Personal Details

First name	Surname	Title
Job title	Employer's Name (Trading name if self-employed)	
Work 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 Resources

Which of these best describes your current institution?

<input type="checkbox"/> Agent	<input type="checkbox"/> Independent Consultancy	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Sixth Form College
<input type="checkbox"/> Bookshop	<input type="checkbox"/> Independent School	<input type="checkbox"/> Infant School	<input type="checkbox"/> Preparatory School
<input type="checkbox"/> College of Education	<input type="checkbox"/> Junior School	<input type="checkbox"/> Primary School	<input type="checkbox"/> Special School
<input type="checkbox"/> Comprehensive Secondary School	<input type="checkbox"/> LEA	<input type="checkbox"/> Professional Development Service	<input type="checkbox"/> Teacher Resource Centre
<input type="checkbox"/> CTC Grammar School	<input type="checkbox"/> Learning Support Service	<input type="checkbox"/> School Psychological Service	<input type="checkbox"/> Other, please state _____
<input type="checkbox"/> High School	<input type="checkbox"/> Middle School	<input type="checkbox"/> School Supplies	_____

What is your school's DfES number?

What age range do you cover in your school?

<input type="checkbox"/> 2–4	<input type="checkbox"/> 11–16
<input type="checkbox"/> 5–7	<input type="checkbox"/> 16–19
<input type="checkbox"/> 7–11	

How many pupils are there in your school?

<input type="checkbox"/> 1–100	<input type="checkbox"/> 301–400
<input type="checkbox"/> 101–200	<input type="checkbox"/> 401–500
<input type="checkbox"/> 201–300	<input type="checkbox"/> 501+

What is your school's status?

<input type="checkbox"/> BFPO	<input type="checkbox"/> LEA Maintained
<input type="checkbox"/> Grant Maintained / Foundation	<input type="checkbox"/> Voluntary Aided
<input type="checkbox"/> Independent	

What are your main areas of interest?

<input type="checkbox"/> Ability	<input type="checkbox"/> Literacy	<input type="checkbox"/> Science	<input type="checkbox"/> Other, please state _____
<input type="checkbox"/> Early Years	<input type="checkbox"/> Numeracy	<input type="checkbox"/> Special Needs	_____
<input type="checkbox"/> Learning Support	<input type="checkbox"/> Online Testing and Assessment	<input type="checkbox"/> Thinking and Learning	_____

### Section 3 – Health, Social Care and Specialist Resources

<p>Which of these best describes your current institution?</p> <table border="0"> <tr> <td><input type="checkbox"/> Agent</td> <td><input type="checkbox"/> Children's Centre/Nursery</td> </tr> <tr> <td><input type="checkbox"/> Charity</td> <td><input type="checkbox"/> School</td> </tr> <tr> <td><input type="checkbox"/> GP Surgery</td> <td><input type="checkbox"/> University/College Department</td> </tr> <tr> <td><input type="checkbox"/> Health Authority</td> <td><input type="checkbox"/> Educational Psychology Service</td> </tr> <tr> <td><input type="checkbox"/> NHS Trust</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other Hospital</td> <td></td> </tr> </table>	<input type="checkbox"/> Agent	<input type="checkbox"/> Children's Centre/Nursery	<input type="checkbox"/> Charity	<input type="checkbox"/> School	<input type="checkbox"/> GP Surgery	<input type="checkbox"/> University/College Department	<input type="checkbox"/> Health Authority	<input type="checkbox"/> Educational Psychology Service	<input type="checkbox"/> NHS Trust		<input type="checkbox"/> Other Hospital		<p>What are your main areas of special interest?</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Psychology &amp; Mental Health</td> <td><input type="checkbox"/> Speech &amp; Language</td> </tr> <tr> <td><input type="checkbox"/> Child Development</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Child Psychology &amp; Mental Health</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Personal &amp; Social Development</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Specific Learning Difficulties</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Neuropsychology</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Psychology & Mental Health	<input type="checkbox"/> Speech & Language	<input type="checkbox"/> Child Development	<input type="checkbox"/> Other _____	<input type="checkbox"/> Child Psychology & Mental Health	_____	<input type="checkbox"/> Personal & Social Development	_____	<input type="checkbox"/> Specific Learning Difficulties		<input type="checkbox"/> Neuropsychology	
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OFFICIAL USE ONLY

Reader Number

Registered Test User Code

**PLEASE ENSURE THAT YOU HAVE  
COMPLETED BOTH PAGES OF THIS FORM**

**Section 4 – Membership/Qualifications/Training/Experience**

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

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**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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USE ONLY**

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