

You need it...
We'll get it!
Committed to delivering
any assessment you need

USER QUALIFICATION FORM

If you would like to register as a user of Psych Press materials, simply complete the following and return to us.

Title	First Name	Surname	Title	
Organisation			Department/Level	
Street/PO Box ()		Suburb		State
Telephone		Facsimile	E-mail	

Australian Psychological Society membership status (tick if applicable) Full Associate Student

Other Professional Membership(s): (1) _____

(2) _____ (3) _____

a.

I am a registered test user with the following:

- ACER The Psychological Corporation SRA SHL
- Other

b.

I am a Registered Psychologist with a State Psychological Board or Council

State: _____

c.

My academic qualifications are:

Degree or Diploma	Institution	Years
_____	_____	_____ - _____
_____	_____	_____ - _____
_____	_____	_____ - _____
_____	_____	_____ - _____

Previous experience in test use, including training or workshop details:

All applicants must complete:

I certify that the above is a correct statement of my qualifications and experience in test use. I agree that my use of the tests obtained from Psych Press will be in accordance with the relevant legislation in the state in which I am practising and the standards set by the Australian Psychological Society.

Signature of Applicant: _____

Date of Application: _____