



User Qualification Form

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

PERSONAL DETAILS

Prefix: _____ Firstname: _____ Lastname: _____
 Title: _____ Department/Level: _____ Organisation: _____
 Address: _____ City: _____
 State: _____ Postcode/ ZIP: _____ Country: _____
 Phone: _____ Email: _____ Fax: _____

*this email address will be used to confirm your order.

AUSTRALIAN PSYCHOLOGICAL SOCIETY MEMBERSHIP DETAILS

Australian Psychological Society Membership status: Full Associate Student
 Other Professional Membership(s): (1) _____ (2) _____
 (3) _____

I am a registered test user with the following:

ACER The Psychological Corporation SRA SHL
 Other _____

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

State: _____

ACADEMIC QUALIFICATIONS

My academic qualifications are:

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

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: _____