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|  | GL Assessment |

# Customer Registration Form

## Customer Information

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| Full Name: |  |  |  |
|  | Last | First | Title |

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| --- | --- | --- | --- | --- | --- |
| Establishment  type (tick one): | * Company |  | * Private tutor |  | * Self-employed |
|  | * School   enter DfE/DENI/School  Roll number: | | * Other – please specify: | | |
| Establishment name: |  | | | |  |
| Address: |  | | | |  |
|  |  | | | |  |

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| --- | --- | --- | --- |
|  |  |  |  |
|  |  | County |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Postcode: |  | Country: |  |

|  |  |
| --- | --- |
| Email: |  |
| Job title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Tel: |  | Mobile: |  |

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| If you have placed a web order please enter the order ID for tracking |  |

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| --- | --- | --- | --- |
| Order ID number: |  | Date: |  |
|  |  |  |  |
| * If you have sent a request for Permission please tick here.  For further information please contact [permissions@gl-assessment.co.uk](mailto:permissions@gl-assessment.co.uk) | | | |

## Qualifications

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| Please give full details of qualifications. 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. Copies of qualification must be produced, failure to do so will delay the process for your application.  If you have any queries please contact [registrations@gl-assessment.co.uk](mailto:registrations@gl-assessment.co.uk) | | | | |
| Qualification: |  | Subject: | |  |
| Institution: |  | | Date: |  |
| Certificate attached: |  | |  |  |
|  |  | |  |  |
| Qualification: |  | | Subject: |  |
| Institution: |  | | Date: |  |
| Certificate attached: |  | |  |  |
|  |  | |  |  |
| Qualification: |  | | Subject: |  |
| Institution: |  | | Date: |  |
| Certificate attached: |  | |  |  |
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| Qualification: |  | | Subject: |  |
| Institution: |  | | Date: |  |
| Certificate attached: |  | |  |  |
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## Memberships

|  |  |
| --- | --- |
| Please indicate below if you are a member of any Professional Body/Organisation and provide evidence of current Membership (we cannot accept past membership details) | |
| **Profession body/organization:** | **Membership details:** |
| * The British Psychological Society |  |
| * Association of Educational Psychologists |  |
| * General Teaching Council |  |
| * Health Professions Council |  |
| * Chartered Society of Physiotherapists |  |
| * Royal College of Speech and Language Therapists |  |
| * British Association of Occupational Therapists |  |
| * College of Occupational Therapists |  |
| * Royal College of Psychiatry |  |
| * British Medical Association |  |
| * PATOSS/AMBDA/Tutors Association |  |
| * Other (please state) |  |

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| 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 level of assessment you are eligible to use. Please provide 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 an account number and a qualification code. These details are stored with your customer details and are activated each time you contact us.  Your registration details can be updated at any time by contacting [registrations@gl-assessment.co.uk](mailto:registrations@gl-assessment.co.uk)    Please allow up to 3-5 working days for UK application and up to 5-10 working days for International applications. Please note these times could vary during peak times.  I certify that the details supplied are correct to the best of my knowledge and I will immediately notify GL Education Ltd of any changes that may affect my qualification to purchase. I agree to protect clients and the integrity of restricted publications by ensuring that they are not used by unauthorised persons. I have read and hereby agree to abide by GL Education’s Terms and Conditions of Sale of which details can be found at <https://www.gl-assessment.co.uk/support/terms-and-conditions>  I agree I will not resell any restricted GL Education Ltd products. | | | | | |
| Signature: |  | | Date: |  | |
| **DATA PROTECTION**  Your personal data will be processed by GL Assessment, which is part of GL Education Group Ltd, in accordance with the any applicable law relating to the processing, privacy, and use of Personal Data, as applicable to you and/or the Services, including the Data Protection Act 1998, the General Data Protection Regulation (EU) 2016/679 and any subsequent UK data protection legislation and our [Privacy Policy](https://www.gl-assessment.co.uk/support/privacy-policy/).  We will only process the data provided by you for the purposes stated, in this case to establish which of our professional health and education assessments you are eligible to purchase and use. Once we have evaluated the information provided and issued the corresponding ‘qualification code’, the detailed data will be deleted.  We would like to be able to contact you with further information on products and services that may be of interest. If you would like to receive this information please tick the relevant box(es). | | | | | |
| * By post | | * By phone | | | * By email |