



BMIPB Registration Form

Prof/Dr/Mr/Mrs/Miss/Ms Surname: _____

First name: _____ Job Title: _____

Address _____

Post Code: _____ E-mail: _____

Telephone: _____

Please give details of all education, training & experience relevant to the use of the BMIPB:

Qualification/Course	Establishment	Year

Please indicate your professional membership:

BPS Division

- Occupational Psychology
- Clinical Psychology
- Educational Psychology
- Health Psychology
- Counselling Psychology
- Neuropsychology
- Teaching & Research
- Forensic
- Sports & Exercise

BPS Membership

- Graduate Member
- Associate Fellowship
- Fellowship
- Chartered
- Equivalent Qualifications
(please specify

_____)

HPC Registration

- Clinical
- Educational
- Counselling
- Forensic
- Health
- Occupational
- Sports and Exercise

Conditions of use/ Declaration

The BMIPB may only be used by psychologists who are eligible to be Chartered Members of the BPS, or by those acting under the direct supervision of a psychologist who fulfils this criterion.

Please note that as a Chartered Psychologist, bound by the BPS Code of Ethics, it is up to you to decide whether you have the necessary underpinning knowledge and experience to use this test battery. If eligible but not chartered your signature below indicates agreement to be bound by the BPS Code of Ethics.

The confidentiality of the BMIPB test materials must be respected. Test items should not be disclosed except in the course of administering the BMIPB for a proper purpose or demonstrating the BMIPB to an eligible intending user.

I will abide by these conditions. I will not make the BMIPB available to anyone who does not agree to abide by these conditions.

Signed: _____ Date: _____