

Qualifications Form

Contact Details

Title _____
First Name _____
Surname _____
Position/Job Title _____
Organisation _____
Delivery Address _____
Suburb _____ State _____ Postcode _____
Tel () _____
Fax () _____
Email _____

Please tick if you do not wish to receive any marketing or promotional materials from ACER.

I would like to apply for registration with ACER at the following level:

P Psychologist

Note: **P** subsumes all other qualifications except GMDS.

Are you a:

Registered psychologist
Registration no. _____ State _____

Probationary psychologist under the supervision of a registered psychologist
Registration no. _____ State _____

> Provide evidence of supervision.

Supervisor _____
Supervisor's qualification _____
Signature of supervisor _____

Australian Psychological Society member
Membership no. _____ Full Associate

R Restricted **S** Specialist **M** Moderate

Type accredited GMDS

Educational Background

> Please indicate highest qualifications.

Degree or diploma _____
Major area of study _____
Institution _____
Year Conferred _____

OFFICE USE ONLY

Qualification _____
Approved _____
Signed _____
Date _____



Accredited training courses completed in use of tests

Test or Course _____

Institution _____

Date _____

Test or Course _____

Institution _____

Date _____

> Please indicate GMDS courses where appropriate.

> Attach a copy of accredited course certificates.

Previous experience in the use of tests and tests used

Major areas in which the tests are to be used

I would like to register for a SigmaTesting.com account.
(A consultant will contact you)

Rights and responsibilities

The user named above agrees to adhere to the following conditions:

I certify that the above is a correct statement of my qualifications and experience in the use of tests.

I agree that my use of all tests obtained from ACER will be in accordance with relevant legislation in the state(s) in which I am practising, and with the conditions under which tests are supplied as set out in the current ACER catalogues.

I will strictly abide by copyright laws and will not reproduce or alter copyrighted materials, nor permit use by unauthorised persons.

I will maintain the confidentiality of all assessment results.

I will employ and score assessment procedures precisely according to instructions in the relevant test manual.

I will release results only to authorised persons according to professional standards for psychological assessment and Australian privacy legislation.

I will advise ACER if I change my place of employment to ensure continuing integrity of test purchases.

Customer Service

19 Prospect Hill Road
Camberwell VIC 3124

Toll Free: 1800 338 402

Tel: (03) 9277 5447

Fax: (03) 9277 5499

Email: sales@acer.edu.au

Order online: <http://shop.acer.edu.au>

ABN 19 004 398 145

Please sign, date and return to ACER Customer Service.

> User's signature indicates compliance with the above conditions.

Signature _____

Date _____