BMIPB-II

BIRT Memory and Information Processing Battery II
Registration Form

Title	First name		Surname	
Job title				
Address				
Post code				
	Telephone		Email	

Please give details of all education, training and experience relevant to the use of the BMIPB.

Qualification / course	Establishment	Year

Please indicate your professional membership:

BPS Membership	BPS Division	HCPC Registration
☐ Graduate Membership (MBPsS)	☐ Clinical Psychology	☐ Clinical
☐ Chartered Membership (CPsychol)	☐ Counselling Psychology	☐ Counselling
☐ Associate Fellowship (AFBPsS)	☐ Educational Psychology	☐ Educational
☐ Fellowship (FBPsS)	☐ Forensic Psychology	☐ Forensic
☐ Statement of Equivalence	☐ Health Psychology	☐ Health
Please specify:	☐ Neuropsychology	☐ Occupational
	☐ Occupational Psychology	☐ Sports and Exercise
	☐ Sports and Exercise	
	☐ Teaching and Research	

Conditions of use

The BMIPB-II may only be purchased by Psychologists registered with the Health and Care Professions Council (HCPC) or with Chartered Membership of the British Psychological Society (BPS) **and** with post-qualification experience and knowledge of neuropsychology and the psychology of ageing. The BMIPB-II may be used by those acting under the direct supervision of a Psychologist who fulfils these criteria.

Please note that, in line with the British Psychological Society Code of Ethics, it is incumbent upon individual psychologists to ensure they have the relevant knowledge and skill-base to use the test.

The confidentiality of the BMIPB and BMIPB-II 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.

Declaration

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

Signed _____ Date _____

Please return completed form to Frances.Pitwell@brainkind.org