

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
<input type="checkbox"/> Graduate Membership (MBPsS)	<input type="checkbox"/> Clinical Psychology	<input type="checkbox"/> Clinical
<input type="checkbox"/> Chartered Membership (CPsychol)	<input type="checkbox"/> Counselling Psychology	<input type="checkbox"/> Counselling
<input type="checkbox"/> Associate Fellowship (AFBPsS)	<input type="checkbox"/> Educational Psychology	<input type="checkbox"/> Educational
<input type="checkbox"/> Fellowship (FBPsS)	<input type="checkbox"/> Forensic Psychology	<input type="checkbox"/> Forensic
<input type="checkbox"/> Statement of Equivalence Please specify:	<input type="checkbox"/> Health Psychology	<input type="checkbox"/> Health
	<input type="checkbox"/> Neuropsychology	<input type="checkbox"/> Occupational
	<input type="checkbox"/> Occupational Psychology	<input type="checkbox"/> Sports and Exercise
	<input type="checkbox"/> Sports and Exercise	
	<input type="checkbox"/> 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 memory@brainkind.org