

REGISTRATION FORM FOR THE WECHSLER INTELLIGENCE SCALE FOR CHILDREN[®] – FOURTH EDITION (HONG KONG) USER

(Please follow the Registration Guide & Flow Chart to prepare your application.)

Section A: PERSONAL PARTICULARS OF THE APPLICANT *(Please write in block letters. Delete the part(s) with * as appropriate.)*

Name in English

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(Mr/Mrs/Ms/Dr)* Surname Other names

Name in Chinese

 HKID / Passport No. (first 4 digits)

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Discipline *(Please '✓' as appropriate)* Employment Agency

<input type="checkbox"/> Educational Psychologist	<input type="checkbox"/> Clinical Psychologist	
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Correspondence Address Flat

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 Floor

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 Block

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Contact Phone Number E-Mail

<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table> (Area Code)											<table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"></table>

Section B: STATEMENT OF PROFESSIONAL ELIGIBILITY *(This section is to be completed by an authorized organization¹. Applicant is responsible for submitting all the supportive documents as specified in the Registration Guide to the authorized organization concerned.)*

This is to certify that (Mr/Mrs/Ms/Dr.) _____ is
(name of applicant given in Section A)

Evaluation Criteria <i>(Please insert a '✓' in the box(es) as appropriate to indicate fulfillment of criterion. Delete the part(s) with * as appropriate.)</i>		Registration No. <i>(if applicable)</i>
1. <input type="checkbox"/>	a registered HK-WISC user	
2. <input type="checkbox"/>	a full member of Division of Clinical / Educational* Psychology of the Hong Kong Psychological Society	
3. <input type="checkbox"/>	eligible for full membership of Division of Clinical / Educational* Psychology of the Hong Kong Psychological Society	

Authorized Signature

Official Chop of Authorized Organization

Date (DD/MM/YYYY)

¹ Authorized organization includes (a) The Panel on the Control of Sales and Distribution of HK-WISC/ WISC-IV (HK) Panel and (b) Division of Clinical / Educational Psychology (DCP/DEP) of the Hong Kong Psychological Society (HKPS).

Section C: DECLARATION OF THE APPLICANT (Please insert a '✓' in the appropriate box(es) to confirm.)

I hereby declare that:

- the particulars given on page 1 are true and correct;
- my proficiency in both spoken Cantonese and written Chinese is adequate for the use of the Test²;
- the Test is to be used by myself or by individual(s) under my direct supervision ONLY for the purposes of research and professional training of psychologists;
- the use of WISC-IV (HK) will be bound by the Code of Professional Conduct of The Hong Kong Psychological Society³. This includes keeping the Test confidential;
- in the event that the Test is purchased⁴ under my name by my employer (hereafter refer to as 'Employer'), I understand that I am obliged to inform the Employer that the Test can ONLY be used by registered WISC-IV (HK) users;
- in the event of my departure from the Employer, only a registered user employed by the Employer may use the Test. Until such time as a registered user is employed by the Employer, I shall inform the Employer that the Test must be secured in a locked place;
- I understand that I will be registered personally as a WISC-IV (HK) user and that my name should appear on all orders for materials to be used by me or individual(s) under my direct supervision ONLY for the purposes of research and professional training of psychologists;
- I understand that applicant or registered user may be required to show appropriate documentation for verification by the Publisher⁵ or its authorized agent;
- I understand that the Publisher has authorized the Panel⁶ to review the registration status, which could be subject to suspension or revocation, of registered user on a need basis⁷. The Panel will not accept any liability for misuse whatsoever arising from professional/technical misinterpretation of the Test;
- I understand that if I do not agree to any of the above declarations, this application will not be accepted.

Section D: PREFERENCE REGARDING PUBLIC ACCESS TO REGISTRATION INFORMATION

(Please delete the part with * as appropriate.)

If your application for WISC-IV(HK) registration is approved, it is intended to display your title, name and discipline at the pertinent website of King May Psychological Assessment Technology and Development Limited Company. Please indicate your preference below (Your preference will not affect the outcome of this application.):

I agree / disagree* to the aforesaid display.

Signature : _____

Date : _____

Name : _____

(in block letters)

² 'Test' refers to the Wechsler Intelligence Scale for Children ® – Fourth Edition (Hong Kong).

³ 'Code of professional Conduct of The Hong Kong Psychological Society' refer to 'Code of professional Conduct, The Hong Kong Psychological Society, 2012' and all the subsequent amended versions in the future.

⁴ Purchaser of the WISC-IV (HK) must be a registered user.

⁵ 'Publisher' refers to the publisher of the WISC-IV (HK).

⁶ 'Panel' refers to the WISC-IV (HK) Panel.

⁷ The Publisher reserves the right to grant, suspend, revoke or reject registration at its sole and absolute discretion.

Section D: OFFICIAL USE ONLY *(To be completed by the Publisher or its authorized agent)*

WISC-IV(HK) Registration No.: ----- / -----
Date:

Authorized Signature:
Official Chop: