

## REGISTRATION FORM FOR THE WECHSLER INTELLIGENCE SCALE FOR CHILDREN<sup>®</sup> – 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 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Name in Chinese 

--

      HKID / Passport No. (first 4 digits)      

--	--	--	--

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

<input type="checkbox"/> Educational Psychologist	<input type="checkbox"/> Clinical Psychologist	
---	--	--

Correspondence Address      Flat 

--	--

      Floor 

--	--

      Block 

--	--


Contact Phone Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

      E-Mail 

--

  
(Area Code)

**Section B: STATEMENT OF PROFESSIONAL ELIGIBILITY** *(This section is to be completed by an authorized organization<sup>1</sup>. 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)*

<b>Evaluation Criteria</b> <i>(Please insert a '✓' in the box(es) as appropriate to indicate fulfillment of criterion. Delete the part(s) with * as appropriate.)</i>		<b>Registration No.</b> <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)**

<sup>1</sup> 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)  
Last Revised on Oct 2013

**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 Test<sup>2</sup>;
- 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 Society<sup>3</sup>. This includes keeping the Test confidential;
- in the event that the Test is purchased<sup>4</sup> 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 Publisher<sup>5</sup> or its authorized agent;
- I understand that the Publisher has authorized the Panel<sup>6</sup> to review the registration status, which could be subject to suspension or revocation, of registered user on a need basis. 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.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Name : \_\_\_\_\_  
(in block letters)

**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:

<sup>2</sup> 'Test' refers to the Wechsler Intelligence Scale for Children<sup>®</sup> – Fourth Edition (Hong Kong)

<sup>3</sup> 'Code of Professional Conduct of The Hong Kong Psychological Society' refers to 'Code of Professional Conduct, The Hong Kong Psychological Society, 2012' and all the subsequent amended versions in the future.

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

<sup>5</sup> 'Publisher' refers to the publisher of the WISC-IV (HK)

<sup>6</sup> 'Panel' refers to the WISC-IV (HK) Panel

## 附件

### 註冊表及資格證書快遞寄回業務申請

為提升 WISC-IV HK 註冊表及資格證書寄回速度及投遞準確性，本人申請採用聯邦快遞“貨到付款”業務寄回獲得京美註冊認證的 WISC-IV HK 註冊表及資格證書。為此，本人將承擔聯邦快遞“貨到付款”業務產生的費用。

註：“貨到付款”業務是收件方承擔快遞寄送服務費用的一種快遞收費形式。收件方須事先擁有聯邦快遞香港賬戶，在收到快遞貨物後支付相應費用給快遞公司。

如果還未擁有聯邦快遞賬戶，可致電聯邦快遞香港 27303333，瞭解賬戶開通詳情。

以下為本人接收快遞時的聯絡方式：

流動電話號碼：\_\_\_\_\_ 香港聯邦快遞賬戶號碼：\_\_\_\_\_

快遞寄送地址（英文）：\_\_\_\_\_

確認簽字：\_\_\_\_\_ 簽字日期：\_\_\_\_\_