



USER REGISTRATION FORM

(Prior registration is compulsory for all test users)

The Hong Kong Test of Specific Learning Difficulties in Reading and Writing for Primary School Students - Third Edition

HKT-P(III)

The Hong Kong Test of Specific Learning Difficulties in Reading and Writing for Junior Secondary School Students - Second Edition

HKT-JS(II)

Name: (Mr/Ms/Dr/Prof) _____

Highest Degree attained (with date & name of University): _____

Professional training in Psychology: Educational Psychologist Clinical Psychologist

Eligibility for the membership of the Division of Educational Psychology (DEP) of the Hong Kong Psychological Society / Hong Kong Association of Educational Psychologists (HKAEP)

Division of Clinical Psychology (DCP) of the Hong Kong Psychological Society/
 Hong Kong Institute of Clinical Psychologists (HKICP)

Employer: _____ Position: _____

Mailing Address: _____

Tel: (Office) _____ (Mobile) _____

Email: (Office) _____ (Personal) _____

* All fields are required. Please write in English 'BLOCK LETTERS' when filling this form. Thank you.

** Please submit this form together with valid proof of eligibility for DEP / DCP / HKAEP / HKICP membership.

Declaration

1. I agree to observe the terms and conditions of the copyright ordinance.
2. I will ensure that the test will not be made available for use by unregistered users.
3. I accept that the right of registration is not transferable. Upon departure from my organisation, I will inform the organisation to make the necessary arrangements to safeguard the confidentiality of the test materials.
4. I agree that the research team reserves the right to determine the required professional qualifications of users.
5. I will ensure that the test set(s) is/are maintained in good condition.
6. For Educational Psychologist or Clinical Psychologist:
I will have my name posted on the HKSpLD Research Team website: <http://hksld.eduhk.hk/> for the reference of public.
7. For Educational Psychologist or Clinical Psychologist using the test for research purpose:
 - I agree to use the test set(s) for research purposes only (Please **attach additional information** on the use of the test battery for research purposes.)
 - I agree to monitor the proper use of the test set(s) by the students and staff working for me on my research projects.
 - I will maintain the confidentiality of the test set(s) and the content of the test set(s) will not be disclosed to parties other than those working on my research projects.
 - I will return the test set(s) to the HKSpLD Research Team within the loan period.

I confirm that the above information is true and complete.

I agree to the terms and conditions specified on this registration form.

FOR OFFICE USE ONLY

Approved Not Approved

Registration No: _____

Date: _____

Received by: _____

Date: _____

Signature of Applicant

Date

Official Stamp of the Organisation