SCHOOL OF PSYCHOLOGY AND SPEECH PATHOLOGY
TEST LIBRARY

EXTERNAL BORROWER REGISTRATION FORM

Note: This form must be completed and approved by the test library officer and the annual registration fee of $60.00 must be paid before you may borrow. Registration is for a period of 12 months from the date signed below.

FAMILY NAME: __________________________________________________________

FIRST NAME: __________________________________________________________

ADDRESS: ____________________________________________________________

TELEPHONE (BUSINESS HOURS): ________________________________

MOBILE: _____________________________________________________________

EMAIL: ______________________________________________________________

User Qualifications (please tick one):

☐ Specialist Title Psychologist (______________________________)
☐ Fully Registered Psychologist
☐ Provisionally Registered Psychologist

I have read and understand the Terms and Conditions of Borrowing of the Curtin Psychology Test Library and my signature on this form confirms that I accept them and agree to abide by them at all times. I agree to be fully responsible for the security, care, and return of all test materials and equipment that I borrow.

Signed: ________________________________  Date: __________________________

Office use only

Registration fee paid: ___________________________  Date: ___________________________
Receipt issued: ________________________________
Signed: ________________________________