

Chartered Educational Assessor Training – Application Form

Section 1 – Personal Details

Title (Mr, Mrs, Miss, Ms, Other): _____ Male Female (please tick)

First name: _____

First name: _____

Date of Birth (dd/mm/yyyy):

CIEA Membership Number (if already known): 0 0

Important: All applicants automatically receive a complimentary one-year CIEA Affiliate membership. In order for you to access the Member area on the CIEA website you must submit a date of birth above. Your date of birth will only be used as a security measure.

Home Address

Building name, number and street: _____

Town/City: _____

County: _____

Postcode: _____

Country: _____

Home phone:

Mobile:

Preferred email address: _____

Important: In order for you to access the Members area on the CIEA website you must submit an email address above. This email address will also act as your username. If you have more than one email address, please make a note of the one you have submitted above.

Chartered Educational Assessor Training – Application Form

Section 2 – Employment Details

If you are not currently in employment or are retired please leave this section blank and go to Section 3.

Job Title/Role: _____

Employer: _____

Date appointed:

Employment Address

Building name, number and street: _____

Town/City: _____

County: _____

Postcode: _____

Country: _____

Business phone:

Section 3 – Assessment-related Experience

Outline your relevant assessment-related experience below, remembering to enter your most recent assessment experience first. If you are still working within a particular role please do not complete the 'Date to' box.

Subject / Qualification	Role	Organisation (if appropriate)	Date from (DD/MM/YY)	Date to (DD/MM/YY)	Supplementary information
e.g GCSE English	Examiner	AQA	01/04/02	01/05/10	–

Chartered Educational Assessor Training – Application Form

Section 4 – Relevant Qualifications

Outline your relevant qualifications below (at NQF Level 6 or above), remembering to enter your most recent qualification first. If you are still studying for a qualification please do not complete the 'Date to' box.

Qualification	Institution/Awarding Body	Subject	Date from (DD/MM/YY)	Date to (DD/MM/YY)	Supplementary information
e.g BA (hons)	Nottingham University	Business Studies	10/09/1997	15/07/01	-

Section 5 – Assessment Interest Area (please tick)

This section enables you to outline your assessment-related interests:

- | | |
|---|---|
| <input type="checkbox"/> Adaptive Assessment | <input type="checkbox"/> E-Assessment |
| <input type="checkbox"/> Assessment and testing policy | <input type="checkbox"/> Evaluative Assessment |
| <input type="checkbox"/> Assessment from an international perspective | <input type="checkbox"/> Formative Assessment |
| <input type="checkbox"/> Assessment in Primary Education | <input type="checkbox"/> Summative Assessment |
| <input type="checkbox"/> Assessment in Secondary Education | <input type="checkbox"/> Vocational Assessment |
| <input type="checkbox"/> Assessment in Further Education | <input type="checkbox"/> Other – Please outline |
| <input type="checkbox"/> Assessment in Higher Education | |
| <input type="checkbox"/> Assessment Research | |
| <input type="checkbox"/> Diagnostic Assessment | |

Section 6 – Training Type

Course title _____

Course fee _____ Preferred Course Date _____

Number of delegates _____

Multiple bookings only:

- Please tick if you are you the main contact?

If other colleagues are to take part in training please ask them to print/copy supplementary forms, complete and enclose with this completed application form (and payment).

Chartered Educational Assessor Training – Application Form

Section 7 – Equal Opportunities Monitoring

Ethnicity (Please tick box)

- White – UK or Ireland
- Mixed – White/Black Caribbean, White/Black African, White/Asian, Other background
- Asian – Indian, Pakistani, Bangladeshi, Other Asian Background
- Black – Caribbean, African, Other Black Background
- Chinese – Chinese, Other
- Other origin not listed
- Prefer not to say

Disability (Please tick box)

- No
- Yes
- Prefer not to say

Section 8 – Feedback

How did you find out about the Chartered Educational Assessor training? (Please tick box)

- | | |
|--|--|
| <input type="checkbox"/> Direct mail | <input type="checkbox"/> Personal recommendation |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Press/journal advertisement |
| <input type="checkbox"/> CIEA website | |
| <input type="checkbox"/> Exhibition | |
| <input type="checkbox"/> CIEA presentation | <input type="checkbox"/> Awarding body - please outline list |
| <input type="checkbox"/> CIEA promotional email | |
| <input type="checkbox"/> CIEA promotional literature | |
| <input type="checkbox"/> Internet | |
| <input type="checkbox"/> Professional membership body – please outline | <input type="checkbox"/> Regulatory body - please outline list |
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Section 9 – Declaration

I confirm that the information supplied in support of my application for Chartered Educational Assessor training is correct. If elected to membership I agree to observe the provisions of the Institute's Code of Professional Assessment Practice.

Print Name: _____

Signed: _____

Date: _____

Data Protection Information

The CIEA respects the information that you provide and will use it primarily for the purpose of a business relationship. The Data Protection, Terms & Conditions and Privacy policies are all available on the CIEA website.

Training Type _____

Training Date (if known) _____

Number of delegates _____

Total fee _____

CIEA Membership Number (if already known)

0 0

Payment Type

- Credit or Debit Card (complete the form below)
- Cheque make payable to:
'The Chartered Institute of Educational Assessors'
- BACS (use the details in the BACS section below)
- Invoice _____
(enter the name of the person/organisation to be invoiced above)

BACS details

Account name Chartered Institute of Educational Assessors

Account Number 11473417

Bank name HSBC

Sort Code 400526

Bank address 79 Piccadilly, London, W1V 0EU

Credit or Debit Card details

Name _____

Address of cardholder _____

Postcode _____

Country _____

Card type Visa MasterCard Maestro Delta American Express

Card Number

Issue Number (Maestro Only)

Start Date (dd/mm/yy) Expiry Date (dd/mm/yy)

Signature _____

Date _____

For Accounts Use Only	Processed Date:
Nominal Code:	Amount:
Bank Statement Checked By:	Authorisation Code:

Chartered Educational Assessor Training – Application Form

Once you have completed this application form please go through the following checklist questions before submitting:

- I have completed all relevant sections
- I have enclosed payment/payment instructions
- In Section 9 I have clearly printed my name, added my signature and entered today's date

PLEASE DO NOT SEND ORIGINAL DOCUMENTS OR CERTIFICATES AS THEY CANNOT BE RETURNED

Once you have completed this application form send it to:

CIEA Membership Department
FREEPOST
RRUR-YXLX-EYXC
Chartered Institute of Educational Assessors
Orbital Park
TN24 0ZX

Booking and Payment Conditions for CIEA course offerings

- Full payment or authorisation to invoice must accompany the enrolment form.
- Full payment is due within 14 days from the date of the start of the course.
- If CIEA fails to receive full payment of the invoice by the course the candidate may be refused entry to the course.

Cancellation and deferrals by the customer

All requests for cancellation or deferral of a course must be received by CIEA in writing.

Deferral

Where the full amount has been paid, an enrolment can be deferred to a future event.

Cancellation by customer

If you cancel your booking the following will apply:

- More than 28 days prior to start date = No charge
- 28-14 days prior to start date = 50% of total Course Fee
- Less than 14 days prior to start date = 100% of total Course

Cancellation or deferral by the CIEA

- In the event of CIEA cancelling a course (e.g. due to insufficient numbers), we will transfer the delegate onto the next available course.
- Where this is not suitable, CIEA will reimburse 100% of the course cost. Alternatively a credit will be held for use against further course offerings.
- Any refund made by CIEA will be paid to the original payer.