

School and College Member Application Form

Section 1 – Main Representative

We require you to outline the contact details of a main contact within your centre. This person will receive all correspondence (both in electronic & hardcopy format from the CIEA).

Title (Mr, Mrs, Miss, Ms, Other):

Male

Female (please tick)

First name:

Last name:

Job title/role:

Date appointed:

Date of Birth/Memorable date (dd/mm/yyyy):

/ /

Important: In order for you to access the Member area on the CIEA website you must submit a date of birth/memorable date above. This date will only be used as a security measure.

Section 2 – School/College Information

Name of school or college:

Street:

City/Town:

Postcode:

Country:

Main school/college telephone number:

Secondary telephone number:

(preferably the main representative's work telephone number)

Main school/college email address:

Secondary email address:

(preferably the main representative's work email address)

Number of full-time equivalent staff:

Number of learners:

Section 3 – Assessment Interest Area (please tick)

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

Adaptive Assessment

Assessment and Testing Policy

Assessment from an international perspective

Assessment in Primary Education

Assessment in Secondary Education

Assessment in Further Education

Assessment in Higher Education

Applied Assessment

(vocational/workplace based)

Assessment for Accountability

Assessment from a Local Authority (LA) perspective

Assessment from a senior management team perspective

Assessment in Nursery and Early years education

Assessment in special education

Assessment Research

Diagnostic Assessment

E-Assessment

Evaluative Assessment

Formative Assessment

Summative Assessment

Vocational Assessment

Are you interested in bespoke training provided by the CIEA

Yes

No

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Section 4 – Feedback

How did you find out about the CIEA? (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"/> Exams Officers' Association | <input type="checkbox"/> Student Presentation |
| <input type="checkbox"/> Exhibition | |
| <input type="checkbox"/> CIEA presentation | <input type="checkbox"/> Awarding body - please outline |
| <input type="checkbox"/> CIEA promotional email | _____ |
| <input type="checkbox"/> CIEA promotional literature | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Regulatory body - please outline |
| <input type="checkbox"/> NAA Field Support Officer | _____ |
| <input type="checkbox"/> National Assessment Agency | |

Section 5 – Declaration

I confirm that the information supplied in support of my application for membership of the Chartered Institute of Educational Assessors is correct. If elected to membership I agree to observe the provisions of the Institute's Code of Professional 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. All supporting documentation received by the CIEA will be reviewed and immediately destroyed in line with the Data Protection Act 1998.

Once you have completed the application form please send (along with the payment form overleaf) using the enclosed prepaid envelope or post to us at the following freepost address:

CIEA Membership Department
Freepost RRUR-YXLX-EYXC
Chartered Institute of Educational Assessors
PO Box 170
Ashford
TN24 0ZX

Direct Debit

If you wish to pay for your membership by Direct Debit then please complete the form below and return to us in the enclosed pre paid envelope

Originator's ID Number
2 4 5 7 2 8



Please use BLOCK CAPITALS and complete in black ink

Name of Account Holder

Bank or Building Society Details (UK Accounts only)

Bank

Sort Code

Branch

Account No

Address

Postcode

Please pay the Chartered Institute of Educational Assessors Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Chartered Institute of Educational Assessors, and if so, details will be passed electronically to my Bank/Building Society.

If your name is not the same as the account holder, please enter it clearly in the box below:

Signature

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

The Direct Debit Guarantee (Please detach and retain)



- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme
- The efficiency and security of the scheme is monitored and protected by your own Bank and Building Society
- If the amount to be paid or the payment dates change the Chartered Institute of Educational Assessors will notify you normally within 7 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by the Chartered Institute of Educational Assessors or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to the Chartered Institute of Educational Assessors.