



# PSR Registration Form

## Personal Details (PLEASE COMPLETE IN BLOCK CAPITALS)

Title:		First Name:		Surname:		
Male: (Please Tick)	<input type="checkbox"/>	Female: (Please Tick)	<input type="checkbox"/>			
E-mail: (Please complete, confirmation correspondence will be delivered via email)						
Firm Name:				Correspondence	Invoice	
				*	(Please Tick)	(Please Tick)
Home Address:				<input type="checkbox"/>	<input type="checkbox"/>	
Employers Address:				<input type="checkbox"/>	<input type="checkbox"/>	
Tel:			Fax:			

\*Please indicate your preferred correspondence address and address for your Invoice/Statement to be sent.

PLEASE NOTE: You will need to have access to the internet to access your dedicated website, where you will find the latest news updates relating to these tests.

If your employer is paying for your training, they may have access to your training record ie. Results. Please indicate if you do not consent to this.

## Ethnic Origin

The following data is used solely to provide statistical information to the SRA about the accessibility of the scheme (and for no other reason: it is not used in the assessment process). Please answer the following questions:

Date of Birth					
White	British	Irish	Other		
Mixed	White & Black Caribbean	White & Black African	White and Asian	Other	
Black or British	Caribbean	African	Other		
Asian or Asian British	Indian	Pakistani	Bangladeshi	Other	
Chinese	Chinese	Other (please specify)			

## Disability

Are you registered disabled?	Yes	No	Do you have any special needs requirements?	Yes	No
Have you attached supporting medical evidence?	Yes	No			

## Payment Details

Full test and/or course fees must be enclosed with your application.					
A Cheque/Bankers Draft/Money Order (drawn on a branch of a UK bank) enclosed made payable to:					
Central Law Training for £					
Please debit £ from my credit/debit card					
Card Type:			Issuing Bank:		
Card Number:					
Security Code: (7 digit code on signature strip)					
Valid from:		Expiry date:		Issue number: (switch card)	
Cardholder's name:					
Card billing address (as it appears on your statement):					

## Declaration

I the undersigned have read, understood and agree to the rules, terms and conditions as set out on CLT's website (hard copy available on request). I confirm that, to the best of my knowledge and belief the information given on this form is current and complete.

Signature:	Date:
------------	-------

Please send your payment made payable to Central Law Training to:  
Professional Qualifications Division, Central Law Training, Wrens Court, 52-54 Victoria Road,  
Sutton Coldfield, Birmingham B72 1SX, UK  
DX: 708700 Sutton Coldfield Tel: +44 (0)121 362 7526 Fax: +44 (0)121 240 1088  
Email: psr@clt.co.uk Website: www.clt.co.uk

Data Protection: Central Law Training may periodically contact you with details of programmes and services that may be of interest to you and may pass your details to other companies within the CLT Group and selected clients. Please write to the Membership Manager if you do not wish to be included in this activity.