

Centre for Evaluation &amp; Monitoring

# CEM SELECT

**Registration Form**  
**2022/2023**

Please complete this form using block capitals to register for CEM Select. We recommend that you retain a copy for your own records. If you have any difficulties completing the form, please telephone **+44 (0)1223 790 122**

## I. General Details

Name of institution	<input type="text"/>			
DFE Number	<input type="text"/>	Head Teacher	<input type="text"/>	
Address	<input type="text"/>			
Telephone Number	<input type="text"/>	Mobile Number	<input type="text"/>	
I would like to register my school for CEM Select (please tick as appropriate):	Challenge	<input type="checkbox"/>	Evaluate	<input type="checkbox"/>
Existing Challenge users only (please indicate preference):	Same version as 2021/2022	<input type="checkbox"/>	Alternative version	<input type="checkbox"/>

**Challenge: Please note Age Standardised scores are not supplied with this product.**

## 2. Contact Details

Name of coordinator (inc. title)	<input type="text"/>
Email address of coordinator	<input type="text"/>

## 3. Billing Details

Finance coordinator	<input type="text"/>	Finance coordinator email address	<input type="text"/>
Expected testing dates	from <input type="text"/>	to <input type="text"/>	
Year group/age of pupils	<input type="text"/>	Estimated number of candidates	<input type="text"/>
Purchase Order Number	<input type="text"/>		

*If you require a purchase order number to be included on your invoice please provide this here*

Please contact the Entrance Assessment Team directly on +44 (0)1223 790 122 or [CEM-EAOps@cambridge.org](mailto:CEM-EAOps@cambridge.org) for help and advice.

## 4. Financial Details

Please be aware that as part of your application we are required to carry out a credit check. You may be contacted as a result of this. In order to assist us with the credit check, please complete the following questions.

Name of organisation responsible for the school\*   
*This is the official organisation name and number used for filing/registering the school's annual accounts with the appropriate government agency in your country.*

Organisation/registration number\*  What year was your school established?

Tax ID  What is your VAT number? (EU countries only)

If your school has ever been registered with Cambridge Assessment or CEM please provide the centre number  *\*Compulsory*

## 5. Consortium or school group

Are you part of a consortium or school group? Yes  No  Are you the consortium or school group assessment lead? Yes  No

Name of consortium or school group?

## 6. Cost of service

CEM Select Registration Fee £347.00
CEM Select per pupil price <b>Per pupil</b>
1-120 pupils £16.20
121-330 pupils £13.00
331+ pupils £8.60

### Testing Deadlines

CEM Select can be taken at any point from the date of delivery (which will be confirmed with you once you have registered) until 31st July 2023.

## 7. Authorisation

By signing this form you are agreeing to be bound by the CEM Select End User Licence Agreement <https://www.cem.org/selecteula>, terms and conditions of registration and for the school/college to be invoiced based on the final number of candidates taking the test and that invoices will be sent during June 2023 for pupils tested up to the end of May. For any pupils taking the assessment after the end of May, this will be invoiced the following school year. You confirm that the information you have provided on this form is accurate.

Signed (Headteacher)  Date

Please check that all the information requested has been provided and return this form to:

Centre for Evaluation & Monitoring,  
Level 8, Baltic Place West,  
South Shore Road, Gateshead, NE8 3AE  
or email to [CEM-EAOps@cambridge.org](mailto:CEM-EAOps@cambridge.org)