BRITISH COUNCIL

UNIVERSITY of CAMBRIDGE ESOL Examinations
English for Speakers of Other Languages

Individual Registration Form

ESOL Examinations 2013

Details of the examination:
(Please tick the appropriate box to indicate the required level of the examination)
Complete a separate form for each examination.

DATE OF EXAM DD / MM / YY **CANDIDATE NUMBER**

Photograph

KEY ENGLISH TEST (KET)	
PRELIMINARY ENGLISH TEST (PET)	
FIRST CERTIFICATE IN ENGLISH (FCE)	
CERTIFICATE IN ADVANCE ENGLISH (CAE)	
CERTIFICATE OF PROFICIENCY ENGLISH (CPE)	

PLEASE FILL IN "**BLOCK LETTERS**". Limit your name into 40 boxes. Please leave a box empty between the names

Candidate Name: (UNDERLINE SURNAME)

Gender: Male / Female

Date of Birth: DD / MM / YY

Mail Address:

Telephone No:

Land Line:	**Mobile:**

E-mail:

School / Institute / Organisation where you studied for this test:

British Council ☐
Private study ☐ **Other school----------(please give the school name)**

What other exams have you taken before?

STARTERS	MOVERS	FLYERS	KET	PET	FCE	CAE	CPE

Any other exams: (specify) ……

We will process the personal information you give on this form either in print or electronic form in accordance with the UK's Data Protection Act, 1998.We may also use your personal details to send you information on our activities. Please sign here to confirm that you understand and agree to these conditions.

Declaration:

I wish to be admitted for the selected Cambridge English exam at the centre listed on this form and for the date listed here. I will bring a valid photo ID with me on the test day *(not for KET)*, and I consent to have my photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge ESOL Results Verification site, and the photo shall only be available to organisations/individuals that I give my details to or that I authorise to view my result via a download. I consent that these organisations/individuals can use these details to verify my examination result.
By signing this form I declare that I am aware of and agree to comply with the Terms and Conditions for this examination.

Signature: …… **Date: ……**
(Parent / Guardian / Teacher / Candidate – please circle)

Office Use Only
Receipt No:…… Signature and Date:……...