 **Individual Registration Form**

**TKT Examinations**

**Details of the examination:**

**Photograph**

(Please tick the appropriate box to indicate which exam you want to take.)

DD / MM / YY

**DATE OF EXAM CANDIDATE NUMBER**

Please tick the level of the exam you are taking:

|  |  |
| --- | --- |
| **Module 1 - LANGUAGE & BACKGROUND** |  |
| **Module 2 – LESSON PLANNING & USE OF RESOURCES** |  |
| **Module 3 – MANAGING THE TEACHING & LEARNING PROCESS** |  |
| **clil – CONTENT AND LANGUAGE INTEGRATED LEARNING** |  |
| **Yl – Young Learners** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

**Have you done TKT Module before? Yes/ No.**

**If Yes Please write your Cambridge ESOL Candidate Identifier:-**

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

**Candidate Name: (UNDERLINE SURNAME)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Gender: Date of Birth:**

|  |  |  |
| --- | --- | --- |
| Male / Female |  | 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.

**Signature:** ……………………………………………. **Date:** …………………………………….

|  |
| --- |
| **Office Use Only**  Receipt No:………………………………. Signature and Date:………………………... |