

REGISTRATION FORM

English for Speakers of Other Languages (ESOL)

Please
attach
your
photo
here

First Name

Family

Date of Birth : (dd/mm/yy) / /

Address :

Email :

Telephone 1

ID Number :

Telephone 2

Name of School :

Date : / /

Signature :

- Please write your name as you want it to appear on your certificate
- You should be available on these numbers any time between 8.00 a.m. to 6.00 p.m.
- You need a copy of your passport/ID and a photograph

Please tick which exam you would like to register for: Specify session date / /

YOUNG LEARNERS <input type="checkbox"/> Starters <input type="checkbox"/> Movers <input type="checkbox"/> Flyers	<input type="checkbox"/> FCE	BEC <input type="checkbox"/> Higher <input type="checkbox"/> Vantage <input type="checkbox"/> Preliminary	<input type="checkbox"/> ILEC
KET <input type="checkbox"/> Computer Based <input type="checkbox"/> Pen & Paper	<input type="checkbox"/> CAE	BULATS <input type="checkbox"/> Computer Based <input type="checkbox"/> Oral	TKT <input type="checkbox"/> Module 1 <input type="checkbox"/> Module 2 <input type="checkbox"/> Module 3 <input type="checkbox"/> Module 4 <input type="checkbox"/> Module 5 <input type="checkbox"/> All
PET <input type="checkbox"/> Computer Based <input type="checkbox"/> Pen & Paper	<input type="checkbox"/> CPE	<input type="checkbox"/> ICFE	

Declaration:

By signing below, I acknowledge that, as an Exams Centre, the British Council only administers the English tests but does not provide legal advice regarding visa requirements.

That, by registering for this test, I am responsible for making sure that I have met my immigration requirements for the English test.

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