

REGISTRATION FORM

English for Speakers of Other Languages (ESOL)

*Please
attach
your
photo
here*

First Name:

Family Name:

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	

**Office
use
only**

Exam fee: _____

Date of payment: _____

Recpt. No./ECR No.: _____

Administrator's initial: _____

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