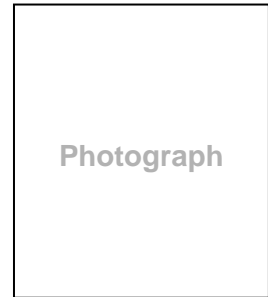


**Details of the examination:**

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

**DATE OF EXAM**  **CANDIDATE NUMBER** 
**PLEASE TICK THE LEVEL OF THE EXAM YOU ARE TAKING:**

<b>PRELIMINARY</b>	<input type="checkbox"/>	<b>VANTAGE</b>	<input type="checkbox"/>	<b>HIGHER</b>	<input type="checkbox"/>
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PLEASE FILL IN "BLOCK LETTERS". Limit your name into 40 boxes. Please leave a box empty between the names.

**Candidate Name: (UNDERLINE SURNAME)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Gender:**

**Date of Birth:**

**Snail Mail Address:**

**Telephone No:**

<b>Land Line:</b> <input type="text"/>	<b>Mobile:</b> <input type="text"/>
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**E-mail:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

British Council <input type="checkbox"/>	Private study <input type="checkbox"/>	Other school <input type="text"/> (please give the school name)
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**What other exams have you taken before?**

STARTERS	MOVERS	FLYERS	KET	PET	FCE	CAE	CPE
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**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: .....

**Official Use Only**

 Library Card issued : Yes  No 

Receipt No:.....

Signature and Date:.....