



ESOL
INDIVIDUAL REGISTRATION FORM

Examination details (tick appropriate box to indicate the examination. Complete a separate form for each examination).

Please note availability of set examination dates is at the Centre's discretion

KEY ENGLISH TEST

Examination Session
if known, eg June A

PRELIMINARY ENGLISH TEST

FIRST CERTIFICATE IN ENGLISH

If entering FCE Examination then
tick the appropriate box, if known 0100 Tuesday administration

CERTIFICATE IN ADVANCED ENGLISH

0102 Saturday administration

CERTIFICATE OF PROFICIENCY IN ENGLISH

BUSINESS ENGLISH CERTIFICATE (Preliminary Vantage Higher): - Tick the appropriate box

Name of Centre through which you wish to enter the examination

Please make sure that your registration is easy to read.

Candidate Name (Not to exceed 54 characters. Leave spaces between names and initials) (Format: Surname, Name)

Date of Birth

Mr

Ms

Present school or place of instruction

Candidate's Address

OFFICE USE ONLY:

Fees

Total Fee

=

Telephone number

Email address

I wish to be admitted to this examination. I am aware of and agree to comply with the regulations for this examination and with the arrangements made by the Local Secretary of the above Centre. English is not my first language. I have told the Local Secretary if I have special needs of any kind. I understand that my examination results may be made available on-line to accredited institutions, such as universities, professional bodies and government departments, to enable them to authenticate the results.

Return to Centre of Registration. This is not an entry form and should not be returned directly to Cambridge ESOL.

Signature of candidate

Date