

Please attach a copy of your ID recent passport-sized photograph here **securely** (Note: the photograph must not be more than 6 months old)

Please attach a second identical signed passport sized photograph here using a paper clip

PLEASE COMPLETE IN BLOCK CAPITALS

TITLE Mr. Mrs. Miss Ms (Circle as appropriate)

Given name _____

Family Name _____

Date of Birth Day month year

ID No: _____

Address: _____

Tel. No. _____

Mobile No. _____

Fax. No. _____

Email . _____

School _____

Please *tick* the test for which you wish to enter.

Date of the test

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | KET Key English Test | _____ |
| <input type="checkbox"/> | KET Key English Test for school | _____ |
| <input type="checkbox"/> | PET Preliminary English Test | _____ |
| <input type="checkbox"/> | PET Preliminary English Test for school | _____ |
| <input type="checkbox"/> | FCE First Certificate in English | _____ |
| <input type="checkbox"/> | CAE Certificate of Advanced English | _____ |
| <input type="checkbox"/> | CPE Certificate of Proficiency in English | _____ |
| <input type="checkbox"/> | BEC /P / V / H Business English Certificate | _____ |
| <input type="checkbox"/> | TKT M1 / M2 / M3 Teaching Knowledge Test | _____ |

PLEASE READ THIS NOTICE CAREFULLY

I make this entry according to the published regulations, timetable and syllabuses, which I have studied. I have given all the information required truthfully and accurately to the best of my knowledge and belief.

I understand that:

- Once registration is accepted there will be no refund of Examination fees.
- No refunds will be given for cancellation of examinations and there is no postponing of exams.
- The British Council is committed to deliver the Examinations Services, however, we cannot be held responsible for any interruptions which are caused by circumstances beyond our control. If examinations or their results are disrupted cancelled or delayed, every effort will be made to resume normal service as soon as possible.

The British Council will use the information that you are providing in order to complete your examining duties and to maintain your examining records.

Your information will be passed to Examination Boards who need it to help them to update your Examining History (s)

We may want to use your information to send you details of Council activities, services and events. If you do **not** want us to contact you in this way, please **tick** this box

I do not want to be sent details of Council activities, services and events

You have a right to ask for a copy of the information we hold about you, for which we may charge a fee, and the right to ask us to correct any inaccuracies in that information.

If you do want to see a copy of your information, please contact Data Protection Team by e-mail at dataprotection@britishcouncil.org or send in your request to, Data Protection Officer, The British Council, 10 Spring Gardens, London SW1A 2BN or your local British Council office.

Child Protection Policy:

The British Council believe that all children have potential and that every child matters - everywhere in the world. The British Council affirms the position that all children have the right to be protected from all forms of abuse as set out in article 19, UNCRC, 1989"

I read and agree to the above

Signed

Date

British Council Office Use Only			
Cambridge English: Key (KET)	:	___ x 510	= SAR _____
Cambridge English: Preliminary (PET)	:	___ x 560	= SAR _____
Cambridge English: First (FCE)	:	___ x 825	= SAR _____
Cambridge English: Advanced (CAE)	:	___ x 875	= SAR _____
Cambridge English: Proficiency (CPE)	:	___ x 900	= SAR _____
Cambridge English: (BEC Preliminary)	:	___ x 560	= SAR _____
Cambridge English: (BEC Vantage)	:	___ x 825	= SAR _____
Cambridge English: (BEC Higher)	:	___ x 875	= SAR _____
TKT (Teaching Knowledge Test) M1	:	___ x 200	= SAR _____
TKT (Teaching Knowledge Test) M2	:	___ x 200	= SAR _____
TKT (Teaching Knowledge Test) M3	:	___ x 200	= SAR _____
Total Amount			= SAR _____
Receipt No	_____		
WBS	_____		
GL	_____		
Officer Initial	_____		
Date	_____		