

Details of the examination:

(Please tick the appropriate box to indicate which exam you want to take.)

 DATE OF EXAM CANDIDATE NUMBER

 Photograph 

Please tick the level of the exam you are taking:

MODULE 1 - LANGUAGE & BACKGROUND	<input type="checkbox"/>
MODULE 2 - LESSON PLANNING & USE OF RESOURCES	<input type="checkbox"/>
MODULE 3 - MANAGING THE TEACHING & LEARNING PROCESS	<input type="checkbox"/>
KAL - KNOWLEDGE ABOUT LANGUAGE	<input type="checkbox"/>
CLIL - CONTENT AND LANGUAGE INTEGRATED LEARNING	<input type="checkbox"/>
YOUNG LEARNERS	<input type="checkbox"/>

Have you done TKT Module before? Yes/ No.

If Yes Please write your Cambridge ESOL Candidate Identifier:-

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

Date of Birth:

Mail Address:

Telephone No:

Land Line:	<input type="text"/>	Mobile:	<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"/>
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School / Institute / Organisation where you studied for this test:

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STARTERS	MOVERS	FLYERS	KET	PET	FCE	CAE	CPE	

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:

Office Use Only Receipt No:..... Signature and Date:.....
