PRIVATE EXAMINATION FORM

NAME OF SCHOOL:…………………………………………………………………………

ADDRESS OF EXAM VENUE………………………………………………………………

………………………………………………………………………………………………….

………………………………………………………………………………………………….

POSTCODE………………………………………………………………………………......

TEACHER ENTERING CANDIDATES…………………………………………………….

MEMBERSHIP NO…………………………………………………………………………..

CONTACT NO………………………………………………………………………………..

EMAIL ADDRESS……………………………………………………………………………

POSTAL ADDRESS FOR CERTIFICATES…………………………..…………………..

………………………………………………………………………………………………….

………………………………………………………………………………………………….

POSTCODE…………………………………………………………………………………..

|  |  |  |
| --- | --- | --- |
| DATES PREFERRED |  |  |
| ALTERNATIVE DATES |  |  |
| ALTERNATIVE DATES |  |  |
| ALTERNATIVE DATES |  |  |

* PLEASE ALLOW AT LEAST 6 WEEKS NOTICE BEFORE THE FIRST EXAM DATE
* PLEASE ENSURE YOUR SCHOOL HAS AT LEAST £300.00/ €350 FEES PER DAY TO SECURE A PRIVATE EXAMINATION
* CANDIDATES THAT CANCEL THEIR EXAMINATION DUE TO MEDICAL REASONS, WITH A DOCTORS NOTE WILL RECEIVE A 70% CREDIT NOTE TOWARDS ANOTHER EXAM SESSION

|  |  |
| --- | --- |
| EXAM | NUMBER OF CANDIDATES (APPROX) |
| BRONZE AWARD |  |
| SILVER AWARD |  |
| GOLD AWARD |  |
| LOWER INTERMEDIATE |  |
| HIGHER INTERMEDIATE |  |
| ADVANCED LEVEL |  |
| ADVANCED PLUS |  |

PLEASE SEND TO HEADQUARTERS OR EMAIL cdancea@mail.com IF EXAM REQUEST DATE IS 6 WEEKS AWAY PLEASE SEND WITH ALL OTHER EXAM FORMS

SIGNED………………………………………………… DATE…………………………