



Candidate test day photo registration and consent form

Centre Name:
Centre Number:
Centre Address:

Centre contact telephone number:

Use this form if you are 18, or over 18, years of age. You must complete all sections of this form.

Exam details:

Which exam do you want to take?

| |
|----------------------|
| B2 First (FCE) |
| C1 Advanced (CAE) |
| C2 Proficiency (CPE) |
| Other exam: |

| Paper-based | Computer-based |
|-------------|----------------|
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| | |

On which date do you want to take the exam?

Identification (ID): If you are taking C1 Advanced in the UK, Asia, Africa and Australasia you must record the type of acceptable photo ID used to register for the exam and bring the same ID back for each exam component otherwise you will not be allowed to sit the exam. Your ID must be current (not expired) and have a photograph.

ID type that you will bring to the exam*

*If you are using your exam result to immigrate, use the ID that is required by that country's immigration authority.

ID number (e.g. if bringing your passport, what is the passport number):

Expiry date of the ID listed above:

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| |

Your details:

| | | | |
|----------------|----------------------|-----------------|----------------------|
| First name(s): | <input type="text"/> | Family name(s): | <input type="text"/> |
|----------------|----------------------|-----------------|----------------------|

These names must be the same as the names on your passport/National Identity Card and must appear in the same order

| | | | | |
|----------------|---|---------|-------------------------------|---------------------------------|
| Date of birth: | <input type="text" value="(day/month/year)"/> | Gender: | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
|----------------|---|---------|-------------------------------|---------------------------------|

| | | | |
|----------------|---------------------------|----------------------|--|
| Email address: | <input type="text"/> | | |
| Phone number: | Mobile/cell phone number: | <input type="text"/> | |
| Address: | City/town: | <input type="text"/> | |
| | Post/zip code: | <input type="text"/> | |
| | Country: | <input type="text"/> | |

This is the address that your certificate will be sent to. If you want your centre to send it to a different address, please contact the centre directly.

Name of institution where you are doing a Cambridge English exam preparation course (leave blank if you are not doing a course):

Why are you taking the test?

| | |
|---------------------|--------------------------|
| For studying abroad | <input type="checkbox"/> |
| For work | <input type="checkbox"/> |

| | |
|-------------------|----------------------|
| In which country? | <input type="text"/> |
| Other | <input type="text"/> |

Do you need any special arrangements? For example, modified materials for visual difficulties, or administrative arrangements because of a medical condition.

Declaration:

I understand that all individuals who want to take a Cambridge English exam are required to agree to all of the Terms and Conditions (a copy of which has been provided by the centre).

I wish to be admitted for the selected Cambridge English exam at the centre listed on this form and for the date listed here. I will bring a valid photo ID with me on the test day, and I consent to have my photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge Assessment English Results Service site and viewed as set out below if I give my agreement.

The photo shall only be available to organisations/individuals that I give my details to or that I authorise to view my result.

By signing this form I declare that I am aware of and agree to comply with the Terms and Conditions for this exam.

Signature

Date

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