UNIVERSITY of CAMBRIDGE
ESOL Examinations

English for Speakers of Other Languages

ESOL

SUPPLIER BLOCK 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 ☐
PRELIMINARY ENGLISH TEST ☐

FIRST CERTIFICATE IN ENGLISH ☐
CERTIFICATE IN ADVANCED ENGLISH ☐
CERTIFICATE OF PROFICIENCY IN ENGLISH ☐

EXAMINATION SESSION

Please state the date of your preferred examination session as listed on the website

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

Supplier Name and Address

Supplier id (if known)

Candidate Name (not to exceed 54 characters including spaces between names and initials)

Date of Birth

Total number of candidates on this sheet

If this is the last or only sheet, TOTAL number of candidates entered

Sheet number **of**

I ask that these candidates be admitted to this examination. I undertake to ensure these candidates are made aware of and comply with the regulations and the arrangements made by the Local Secretary. None of these candidates has English as their first language. I have taken reasonable steps to identify any candidates with special needs and notified the Local Secretary. The candidates have been informed and have agreed that the 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.

Signature of School Administrator

Date

RETURN THIS FORM TO CAMBRIDGE OPEN CENTRE 149 HILL CREST BAR HILL CAMBRIDGE CB3 8TH .
THIS IS NOT AN ENTRY FORM AND SHOULD NOT BE RETURNED DIRECTLY TO CAMBRIDGE ESOL.