**LINGUASKILL APPLICATION FORM**

**Date of Exam:** / /20\_\_\_ **Passport/ID Number:**

Speaking 🖵 Reading & Listening 🖵

Writing 🖵

**Have you taken the LINGUASKILL Test before?** 🞏 No 🞏 Yes – Please provide test date

**Where would you like to do the test?** Our office🞏 At a distance 🞏

**FULL NAME *(EXACTLY AS DETAILED ON THE PASSPORT OR ID; YOU MUST BRING THIS IDENTIFICATION DOCUMENT ON THE TEST DAY)***

Family Name: NIF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First (given) Name(s):

Nationality: First language:

Country of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (DD/MM/YYYY):\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Telephone Number: Male ❒ Female ❒

Address :

🞏 send results here

Alternative address *(where results can be sent, up to 3 months after the exam)*:

🞏 send results here

Email (please write CLEARLY): 🞏 collect results in person

**Declaration:**

I wish to be admitted for the selected Cambridge English test 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 LINGUASKILL Agent on the day of the test. I agree for this photo to be held on the secure Cambridge English Language Assessment Results Verification site and viewed as set out below if I give my agreement. The photo shall only be available to organisations/persons that I give my details to or that I authorise to view my result.

Additionally, as I will use my test result for a visa/immigration application I agree for the test result to be available on other sites shown at <http://www.cambridgeenglish.org/cambridge-english-for/visas-and-immigration/> if I consent.

I hereby authorise the following to access my information (tick if appropriate): **🞏**

**I have included a photocopy of my valid EU ID Card / passport: 🞏**

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

|  |  |
| --- | --- |
| **Signature** | **Date** |
|  |  |

Confirmation of your registration and details of the timetable for the examination days will be sent to you a week before the examination date.

Please note that the examination fee is non-refundable

# Bank transfer details :

You can opt to use the bank that is most convenient for you.

**Bank: CGD – Devesas Branch**

**Account Holder: Knightsbridge Examination & Training Centre**

**NIB: 003502810001017023063**

For your registration to be validated you must send this form with the proof of payment by email or complete the transfer by coming into the office and paying in cash or by cheque.

***For Reception use only:***

Amount Paid: € ……………………….. Date: ……………………….. Receipt No.: ………………………..

Payment method: cash / bank transfer / cheque Signed: ……………………………………………..