

Centre Details

Candidate Registration Form - Adult

Use this form for candidates who are recognised as adults in your country (if the candidate is 15 years old or under, or is an adult with a Legal Guardian, please use the Non-Adult/Legal Guardian Candidate form).

Centre address:

| Centre name: | | | | | | | |
|--|---|--|---|---|--|-----------------------------|--|
| Centre number: | | | | | | | |
| Centre telephone number: | | | | | | | |
| | | Data affiliation | | 0 Mala / Fac | 1- / | | |
| Candidate details Full name (first name and surname/family name): | | | | | Sex: Male / Female / Prefer not to say | | |
| Tair name (mot hame and sumame/ramily hame). | | | | | | | |
| Fiscal code | | Email Address | | | | | |
| | | | | | | | |
| | | | | | | | |
| Exam details - Which exam do you want to take? Paper-based (PB) or Computer-based (CB)? | | | | | | | |
| Exam name | PB | CB Exam | name | | PB | СВ | |
| C2 Proficiency (CPE) | | Teach | ing Knowledge Test (TKT) | | | | |
| C1 Advanced (CAE) *see below | | | | | | | |
| B2 First (FCE) | | Other: | | | | | |
| B1 Preliminary (PET) | | | | | | | |
| A2 Key (KET) | | | | | | | |
| Exam Date – check with your exam centre which dates they can run the exam | | | | | | | |
| Exam Date - check with your exam centre to | which da | ites they can run | the exam | | | | |
| C1 Advanced ID – fill in this section if | | - | | | | | |
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