

ELITE TRAINING ACADEMY
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Photograph
1 copy

INDIVIDUAL REGISTRATION FORM ESOL Centre No: 48635, Candidate number:
 Please write in CAPITAL LETTERS OR TYPE. **The form must be signed, dated by the candidate.**
 Please provide the following information on the front and the back page.

DATE OF INITIAL ASSESSMENT:	
THIS SECTION TO BE FILLED IN BY THE TUTOR AFTER INITIAL ASSESSMENT.	<input type="checkbox"/> ESOL ENTRY LEVEL 1 <input type="checkbox"/> ESOL ENTRY LEVEL 2 <input type="checkbox"/> ESOL ENTRY LEVEL 3

PERSONAL DETAILS

Gender – (Please tick ✓)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Family name:		
First and middle name(s):		
Date of birth:	Date	Month
		Year
Passport (country of issue/Number/Expiry Date)		
Address Verification (Driving Licence/Bills/Bank Statements)		
Postal address for correspondence		
	Post code:	County
Email address:		
Telephone(s),mobile		
Do you have any special exam needs (hearing/visual impairments)? If yes, please state & support with medical documents.		

Your personal data will only be used for the administration of the course and examinations.

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I wish to be registered for this examination and declare that:

1. I accept the **Elite Training Academy Ltd** "Terms and Conditions".
2. I agree the **Elite Training Academy Ltd** to pass on my personal data to **Edexcel** for the administration of the examination.
3. **Only** for candidates who are registered by their college/school of preparation: Your personal details will be passed on to your college/school for statistical purposes.

Signature:		Date:	
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PAYMENT DETAILS (office use only)

FEE amount : _____
Date of Payment ____/____/____ Cash Receipt Number: _____ (day / month / year)
Cheque No _____ Dated _____ Bank Transfer Number: _____
ID checked (please tick) <input type="checkbox"/> Signature of registering officer: