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CIOL Qualifications DPSI Exam Entry Form – November 2020

Before completing this entry form please ensure you have read our Candidate Regulations and have registered for IoLET Affiliate membership or higher (www.ciol.org.uk/ia).

Please complete this form electronically and save it.

If you are sitting at the CIOLQ Open Centre please email your form to info.dpsi@ciol.org.uk.

To sit at a different Exam Centre please submit your Entry Form to your Centre directly.

Please note all required fields must be complete in order for the entry form to be accepted.

Candidate number
To be completed if you have previously sat a CIOL
Qualifications exam.

SECTION 1 – PERSONAL DETAILS

TITLE (tick as appropriate)	Mr	Mrs	Miss	Ms	Dr	Othe	ər
FIRST NAME(S)							
LAST NAME(S)							
DATE OF BIRTH	/ _	/ / (dd/mm/yyyy)					
CONTACT NUMBER(S) inc. country code							
EMAIL ADDRESS							
ADDRESS							
NATIONALITY							
GENDER (please tick)	Male			Female			
ETHNIC GROUP (please tick one)	White UK Heritage	Whit Euro	e pean	White Other (known		White Type not kno	own
This information is requested for equal opportunities monitoring	Black Caribbea Heritage		c an Heritage	Black Other		Chinese	
only.	Indian	Pakis	stani	Bangladeshi		Other	
		·		I prefer not to	say (plea	ase tick)	

SECTION 2A - EXAM DETAILS

DPSI language selection – Please <u>tick one only</u> :												
	Albanian		French			Panjabi (Indian)			Tamil			
	Amharic		Ge	German			Panjabi (Pakistani)			Thai		
	Arabic (MSA)		Gre	eek			Pashto			Tigrinya		
	Bengali		Gu	jarati			Polish			Turkish		
	Bengali (Sylheti)		Hin	ıdi			Portuguese (European)			Ukrainian		
	Bulgarian		Hu	ngarian			Portuguese (Brazilian)			Urdu		
	Cantonese (Traditional script)	Ital	ian			Rom	anian		Urdu (Mirpuri)		
	Cantonese (Simplified script)		Jap	anese			Russ	ian		Vietnamese		
	Croatian		Kur	dish (So	rani)		Serb	ian (Cyrillic script)				
	Czech		Lat	vian			Slovak					
	Dari		Lith	nuanian			Slovene					
	Dutch		Ма	cedonia	n	Somali						
	Estonian			Mandarin (Traditional script)			Spanish					
	Farsi			Mandarin (Simplified script)			Swał	nili				
	(
		Pat	hway	selecti	on – Plea	se <u>tic</u>	k one	e pathway only:				
Healt	Health English Law		Scottish La	W		Northern Irish Law	Lo	ocal Government				
Unit(s) selection – Please <u>tick all the units you would like to sit</u> :												
Unit (Unit 01 Unit 02		Unit 03 Unit 04		Unit 04	Uı	nit 05					
SECTION 2B – EXAM CENTRE DETAILS												
	n Centre – where y exam *	ou are si	tting									
		me of the	9				(Please write the <u>full name</u> of the centre)					

^{*}Candidates are advised that, if not possible to locate a complete team of assessors for a particular language/pathway to conduct the exam in the exam centre/area where they have registered, candidates will be automatically transferred to the CIOLQ Open Centre or the most suitable exam centre available.

SECTION 3A - PAYMENT INFORMATION

Exam Fees

Unit 01	£227.00
Unit 02	£186.00
Unit 03	£186.00
Unit 04	£186.00
Unit 05	£186.00
All five units*	£680.00

^{*}Fees are capped at £680.00 – if the total cost of the units you are sitting exceeds this amount the <u>maximum</u> payment is still £680.00.

Centre Enrolment Fees (CIOLQ Open Centre* candidates only)

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Unit 01	£55.00
Unit 02 and/or 03	£55.00
Unit 04 and/ or 5	£55.00
Full CIOLQ Open Centre Enrolment Fee (all five units)	£159.00

^{*}CIOL Qualifications runs an exam centre in London, which is called the CIOLQ Open Centre.

If you are sitting your exam at the CIOLQ Open Centre, please pay the Centre Enrolment Fees above.

SECTION 3B - PAYMENT METHOD

	Bank Transfer (BACS)	Payment reference:			
I wish to make payment via: (Please tick as appropriate)	Account name: IoL Educational Trust Bank name: Royal Bank of Scotland Sort code: 16-00-15 Account no: 23122157 Swift Code (BIC): RBOSGB2L IBAN no: GB58RBOS 16001523122157				
	Credit/debit card (excluding American Express)	Select this option and a member of the Client Services Team will contact you by phone to take payment.			
	Cheque	Made payable to "IoL Educational Trust". Please send via Special / Recorded delivery to: CIOL Qualifications, 7th Floor, 167 Fleet Street, London EC4A 2EA, United Kingdom			

SECTION 4 – REASONABLE ADJUSTMENTS

Do you require Reasonable Adjustments	Yes	If yes, provide details of your request below e.g. Extra Time.
under the Equality Act 2010? (please tick as applicable)	No*	

In order to request Reasonable Adjustments you will need to provide <u>medical evidence</u> issued within the <u>last six months</u>. This entry will <u>only</u> be accepted and processed if this section is completed correctly.

Please note Reasonable Adjustments must be requested for <u>each exam</u> – Reasonable Adjustments <u>cannot</u> be carried forward from previous years.

SECTION 5 – DECLARATIONS

- 1) Candidates must ensure that they are fully aware of the level and format of the exam for which they are entering by referring to the specific Exam Specification and past papers.
- 2) Completed entry forms sent without full relevant payment will <u>not be processed</u>. Payment can be made either by BACS, card or cheque (see section 3B for payment information).
- 3) Where a minimum number of candidates is required for a particular exam, and where that number has not been reached by the close of registration, CIOL Qualifications reserves the right to withdraw that exam at which time the candidate will receive a full refund of the Exam Fee.

SECTION 6 – SIGNATURE

To be completed by all candidates

By signing and submitting this CIOL Qualifications Exam Entry Form, including paying the appropriate fees, you agree to abide by the Candidate Regulations in addition to the Declarations listed above in Section 5.

Your data: The information you provide will be used by CIOL Qualifications to create a candidate record and will be used to manage your entry and fulfil the benefits and services you expect as a CIOL Qualifications exam candidate. Your data will not be sold to any other third party without your consent.

I have read and agree to abide by the Candidate Regulations and the Declarations listed in Section 5.

Candidate signature:

If completing electronically, please type your name in full.

Date:

Address: CIOL Qualifications, 7^{th} Floor, 167 Fleet Street, London EC4A 2EA, United Kingdom

Contact: Client Services Team Tel: +44 (0)20 7940 3100 (select option 1) Email: info.dpsi@ciol.org.uk Web: www.ciol.org.uk

^{*}If you do not require Reasonable Adjustment please go to Section 5