

# 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](http://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](mailto: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.**

<p><b>CIOL membership number</b></p> <p>A <u>current</u> CIOL membership (at IoLET Affiliate grade or higher) is required to sit a CIOL Qualifications exam. Please check yours via <a href="http://www.ciol.org.uk/member-check">www.ciol.org.uk/member-check</a></p>	<p><b>Candidate number</b></p> <p>To be completed if you have previously sat a CIOL Qualifications exam.</p>
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## SECTION 1 – PERSONAL DETAILS

<b>TITLE</b> (tick as appropriate)	Mr	Mrs	Miss	Ms	Dr	Other
<b>FIRST NAME(S)</b>						
<b>LAST NAME(S)</b>						
<b>DATE OF BIRTH</b>	__ / __ / ____ (dd/mm/yyyy)					
<b>CONTACT NUMBER(S)</b> inc. country code						
<b>EMAIL ADDRESS</b>						
<b>ADDRESS</b>						
<b>NATIONALITY</b>						
<b>GENDER</b> (please tick)	Male			Female		
<b>ETHNIC GROUP</b> (please tick one)  This information is requested for equal opportunities monitoring only.	White UK Heritage	White European	White Other (known)	White Type not known		
	Black Caribbean Heritage	Black African Heritage	Black Other	Chinese		
	Indian	Pakistani	Bangladeshi	<b>Other</b>		
						I prefer not to say (please tick)

## SECTION 2A – EXAM DETAILS

DPSI language selection – Please <u>tick one only</u> :			
<input type="checkbox"/> Albanian	<input type="checkbox"/> French	<input type="checkbox"/> Panjabi (Indian)	<input type="checkbox"/> Tamil
<input type="checkbox"/> Amharic	<input type="checkbox"/> German	<input type="checkbox"/> Panjabi (Pakistani)	<input type="checkbox"/> Thai
<input type="checkbox"/> Arabic (MSA)	<input type="checkbox"/> Greek	<input type="checkbox"/> Pashto	<input type="checkbox"/> Tigrinya
<input type="checkbox"/> Bengali	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Polish	<input type="checkbox"/> Turkish
<input type="checkbox"/> Bengali (Sylheti)	<input type="checkbox"/> Hindi	<input type="checkbox"/> Portuguese (European)	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Portuguese (Brazilian)	<input type="checkbox"/> Urdu
<input type="checkbox"/> Cantonese (Traditional script)	<input type="checkbox"/> Italian	<input type="checkbox"/> Romanian	<input type="checkbox"/> Urdu (Mirpuri)
<input type="checkbox"/> Cantonese (Simplified script)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Croatian	<input type="checkbox"/> Kurdish (Sorani)	<input type="checkbox"/> Serbian (Cyrillic script)	
<input type="checkbox"/> Czech	<input type="checkbox"/> Latvian	<input type="checkbox"/> Slovak	
<input type="checkbox"/> Dari	<input type="checkbox"/> Lithuanian	<input type="checkbox"/> Slovene	
<input type="checkbox"/> Dutch	<input type="checkbox"/> Macedonian	<input type="checkbox"/> Somali	
<input type="checkbox"/> Estonian	<input type="checkbox"/> Mandarin (Traditional script)	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin (Simplified script)	<input type="checkbox"/> Swahili	

Pathway selection – Please <u>tick one pathway only</u> :				
Health	English Law	Scottish Law	Northern Irish Law	Local Government

Unit(s) selection – Please <u>tick all the units you would like to sit</u> :				
Unit 01	Unit 02	Unit 03	Unit 04	Unit 05

## SECTION 2B – EXAM CENTRE DETAILS

<p><b>Exam Centre</b> – where you are sitting the exam *</p> <p>(Please write the <b>full name</b> of the centre)</p>	
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\*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
<b>All five units*</b>	<b>£680.00</b>

\*Fees are capped at £680.00 – if the total cost of the units you are sitting exceeds this amount the maximum payment is still £680.00.

### Centre Enrolment Fees (CIOLQ Open and Virtual Centre\* candidates only)

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

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

\*CIOL Qualifications runs a Virtual exam centre, which is called Virtual CIOLQ centre

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

## SECTION 3B – PAYMENT METHOD

I wish to make payment via:  (Please tick as appropriate)	<b>Bank Transfer (BACS)</b>  <b>Account name:</b> IoL Educational Trust <b>Bank name:</b> Royal Bank of Scotland <b>Sort code:</b> 16-00-15 <b>Account no:</b> 23122157 <b>Swift Code (BIC):</b> RBOSGB2L <b>IBAN no:</b> GB58RBOS16001523122157	Payment reference:  <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
	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

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

\*If you do **not** require Reasonable Adjustment please go to Section 5

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

Please note Reasonable Adjustments must be requested for **each exam** – Reasonable Adjustments cannot 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 not be processed. 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

<b>To be completed by all candidates</b>
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.
<b>Your data:</b> 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.
<b>I have read and agree to abide by the Candidate Regulations and the Declarations listed in Section 5.</b>
Candidate signature: If completing electronically, please type your name in full.
Date:
<b>Address:</b> CIOL Qualifications, 7 <sup>th</sup> Floor, 167 Fleet Street, London EC4A 2EA, United Kingdom <b>Contact:</b> Client Services Team <b>Tel:</b> +44 (0)20 7940 3100 (select option 1) <b>Email:</b> <a href="mailto:info.dpsi@ciol.org.uk">info.dpsi@ciol.org.uk</a> <b>Web:</b> <a href="http://www.ciol.org.uk">www.ciol.org.uk</a>