CIOL DPSI Exam Entry Form – November 2019

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).

Complete this form in BLOCK CAPITALS.

If you are sitting at the IoLET 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.

CIOL membership number	Candidate number
A CIOL L. C. L. L. C. L. L. C. L. L. C. L.	
A <u>current</u> CIOL membership (at IoLET Affiliate grade or higher) is required to sit an IoLET exam.	
Please check yours via www.ciol.org.uk/member-check	To be completed if you have previously sat an IoLET exam.

SECTION 1 - PERSONAL DETAILS

TITLE (circle as appropriate)	Mr	Mrs	Miss		Ms		Dr		Other
FIRST NAME(S)									
LAST NAME(S)									
DATE OF BIRTH	/	/	(dd/mn	n/yyyy)					
CONTACT NUMBER(S) inc. country code									
EMAIL ADDRESS									
ADDRESS									
NATIONALITY									
GENDER (please circle)		Male				F	emale		
ETHNIC GROUP (please circle one)	White UK Heritage		White European		White Other (kn	-	Ту	Wł pe nc	nite t known
This information is requested for equal opportunities monitoring	Black Caribbean Heritage	Af	Black rican Heritage		Black Othe			Chir	nese
only.	Indian		Pakistani		Banglad	leshi		Ot	her
				I	prefer no	ot to sa	y (please	tick)	

SECTION 2A - EXAM DETAILS

		DP:	SI languag	e selectio	n – Pl	lease	tick one only:			
	Albanian		French		Panjabi (Indian)				Tamil	
	Amharic		German		Panjabi (Pakistani)				Thai	
	Arabic (MSA)		Greek		Pashto				Tigrinya	
	Bengali		Gujarati			Polis	h		Turkish	
	Bengali (Sylheti)		Hindi			Portu	ıguese (European)		Ukrainian	
	Bulgarian		Hungarian			Portu	ıguese (Brazilian)		Urdu	
	Cantonese (Traditional script)		Italian			Roma	anian		Urdu (Mirpuri)	
	Cantonese (Simplified script)		Japanese			Russi	an		Vietnamese	
	Croatian		Kurdish (So	rani)		Serb	ian (Cyrillic script)			
	Czech		Latvian			Slova	ak			
	Dari		Lithuanian			Slove	ene			
	Dutch		Macedonia	n		Somali				
	Estonian		Mandarin (Traditional	script)	Spanish					
	Farsi		Mandarin (Simplified	script)	Swahili					
Pathway selection – Please <u>circle one pathway only:</u>										
	Health	Engli	sh Law	Scottis	sh Law	Law Northern Irish Law			Local Government	
	Unit(s)			se <u>circle a</u>	ıll the	unit	s you would like	to sit	:	
	Unit 01	Un	it 02	Uni	uit 03 Unit 04			Unit 05		
SECTION 2B – EXAM CENTRE DETAILS										
	n Centre – where you exam *	are sitti	ng							
(Plea	se write the <u>full name</u> re)	of the								

*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 IoLET 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 (IoLET Open Centre* candidates only)

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

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

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

SECTION 3B - PAYMENT METHOD

I wish to make payment via:	Bank Transfer (BACS) Account name: loL Educational Trust Bank name: Royal Bank of Scotland Sort code: 16-00-15 Account no: 23122157 Swift Code (BIC): RBOSGB2L IBAN no: GB58RBOS	Payment reference:
(Please tick as appropriate)	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: IoLET, 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*	

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

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, the IoLET 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 IoLET 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 IoLET to create a candidate record and will be used to manage your entry and fulfil the benefits and services you expect as a candidate of IoLET exams. 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:
Date:

Address: IoLET, 7th 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