

CIOL Qualifications DPSI Exam Entry Form - November 2022

Before completing this entry form, please ensure you have read our [Qualification Specification](#) and [Key dates document](#). Please email your Exam Entry Form to info.dpsi@ciol.org.uk. Please note all required fields must be complete for the Exam Entry Form to be accepted.

SECTION 1A - PERSONAL DETAILS

CANDIDATE NUMBER To be completed if you have previously sat a CIOL Qualification exam						
TITLE (tick as appropriate)	Mr	Ms	Mrs	Miss	Dr	Other
FIRST NAME(S)						
LAST NAME(S)						
DATE OF BIRTH						
CONTACT NUMBER(S) inc. country code						
EMAIL ADDRESS						
ADDRESS						

SECTION 1B - EQUALITY, DIVERSITY & INCLUSION INFORMATION (OPTIONAL)

NATIONALITY				
GENDER (please tick)	Male	Female	Prefer not to say	
ETHNIC GROUP (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	Other

SECTION 2A - EXAM DETAILS

DPSI language selection - Please tick one only:			
Albanian	Farsi	Mandarin (Simplified script)	Spanish
Arabic (MSA)	French	Polish	Turkish
Bulgarian	German	Portuguese (European)	Urdu
Cantonese (Traditional script)	Hungarian	Portuguese (Brazilian)	Ukrainian
Cantonese (Simplified script)	Italian	Romanian	
Dari	Mandarin (Traditional script)	Russian	

Pathway selection - Please tick one pathway only:				
Health	English Law	Scottish Law	Northern Irish Law	Local Government

Unit(s) selection - Please tick all the units you would like to sit:				
Unit 01	Unit 02	Unit 03	Unit 04	Unit 05

SECTION 3 - REASONABLE ADJUSTMENTS

<p>Do you require Reasonable Adjustments under the Equality Act 2010?</p> <p>(Please tick as applicable)</p> <p>Reasonable Adjustments must be requested for each exam - Reasonable Adjustments <u>cannot</u> be carried forward from previous years</p>	Yes	<p>If yes, please complete the Reasonable Adjustment form and forward it to the relevant Centre or Virtual centre with your Entry application form.</p> <p>To view our Reasonable Adjustment policy please click here.</p>
	No	<p>In order to request Reasonable Adjustments, you will need to provide medical evidence issued within the last six months. This entry will <u>only</u> be accepted and processed if this section is completed correctly.</p>

SECTION 4A - PAYMENT INFORMATION

Exam Fees

Unit 01	£240.00
Unit 02	£195.00
Unit 03	£195.00
Unit 04	£195.00
Unit 05	£195.00
All five units*	£715.00

*Exam Fees are capped at £715.00 - if the total cost of the units you are sitting exceeds this amount the maximum payment is still £715.00.

CIOLQ Virtual Centre fee (Online assessment)

Unit 01	£60.00
Unit 02 and/or 03	£60.00
Unit 04 and/ or 5	£60.00
Full CIOLQ Virtual Centre Fee (All five units) *	£180.00

* CIOLQ Virtual centre stands for Online assessment. This indicates that the exam is assessed remotely. Please note that both, Exam Fees and CIOLQ Virtual centre fees apply in order to sit the exam.

SECTION 4B - PAYMENT METHOD

I wish to make payment via: (Please tick as appropriate)	Bank Transfer (BACS) 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	Payment reference: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	Credit/debit card	Select this option and a member of the Client Services Team will email a secure payment link.

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 or card (see section 4B 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, CIOLQ 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:

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