

1

CIOL Qualifications DPSI Exam Entry Form - June 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 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 <u>current</u> CIOL membership (at IoLET Affiliate grade or	
higher) is required to sit an IoLET exam.	To be completed if you have previously sat a CIOL
Please check yours via www.ciol.org.uk/member-check	Qualification exam.

SECTION 1 – PERSONAL DETAILS

TITLE (tick as appropriate)	Mr	Mrs	Miss	Ms	Dr	(Other	
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	Male			Female			
ETHNIC GROUP (please tick one)	White UK Heritage	Whit Euro	e pean	White Other (known		White Type no	t known	
This information is requested for equal opportunities monitoring	Black Caribbea Heritage		c an Heritage	Black Other		Chinese	1	
only.	Indian	Pakis	stani	Bangladeshi		Other		
				I prefer not to	say (plea	ase tick)		

SECTION 2A - EXAM DETAILS

DDOLL L. J. D. L. L.															
DPSI language selection – Please <u>tick one only</u> :															
	Albanian		French				Panjabi (Indian)			Tamil					
	Amharic		German				Panjabi (Pakistani)			Thai					
	Arabic (MSA)			Greek			Pashto			Tigrinya					
	Bengali			Gujarati			Polish			Turkish					
	Bengali (Sylheti)			Hindi			Portuguese (European)			Ukrainian					
	Bulgarian			Hungarian			Portuguese (Brazilian)			Urdu					
	Cantonese (Traditional script	:)		Italian			Romanian			Urdu (Mirpuri)					
	Cantonese (Simplified script)			Japanese			Russ	ian		Vietnamese					
	Croatian			Kurdish (So	rani)		Serbian (Cyrillic script)								
	Czech			Latvian			Slova	ak							
	Dari			Lithuanian			Slovene								
	Dutch			Macedonia	n		Somali								
	Estonian			Mandarin (Traditional	script)		Spanish								
	Farsi		Mandarin (Simplified s				Swahili								
	(Simplified Script)														
			Pathw	ay selecti	on – Plea	se <u>tic</u>	k one	e pathway only:							
Healt	Health English Law		Scottish Law Northern Irish Law		Northern Irish Law	Local Government									
Unit(s) selection - Please tick all the units you would like to sit:															
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															
Exan	Exam Centre – where you are sitting the exam *														
		<u>me</u> o	f the							(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 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

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

If you are sitting your exam at the IoLET 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: loL 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, 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 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, 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

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