

1

CIOL Qualifications DipTrans Exam Entry Form – January 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, British Council, FSG or HKEAA please send your form via email to info.diptrans@ciol.org.uk.

To sit at a different Exam Centre please submit your 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 a CIOL Qualifications exam.	To be completed if you have previously sat a CIOL
Please check yours via www.ciol.org.uk/member-check	Qualifications 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,	/уууу)		
CONTACT NUMBER(S) inc. country code						
EMAIL ADDRESS						
ADDRESS						
NATIONALITY						
GENDER (please tick)	Male			Female		
ETHNIC GROUP (please tick one)	White UK Heritage	Whi Euro	te opean	White Other (known	Whit	e not known
This information is requested for equal opportunities monitoring	Black Caribbea Heritage		k can Heritage	Black Other	Chin	ese
only.	Indian	Paki	stani	Bangladeshi	Othe	er
	-			I prefer not to	say (please t	ick)

SECTION 2A - EXAM DETAILS

Please find the list of available languages on our website: www.ciol.org.uk/diptrans-languages-list

Please note the difference between the Source Language and Target Language:

- Source Language Language <u>from</u> which you will be translating
- Target Language Language <u>into</u> which the text is to be translated

Diploma in Translation (Diptrans) language selection				
Source Language				
Target Language				
Unit(s) selection – Please tick all the units you would like to sit				
Unit 01	Unit 02	Unit 03		
SECTION 2B – EXAM CENTRE DETAILS				
Exam Centre – where you are sitting the exam (Please write the <u>full name</u> of the centre)				

SECTION 3A – PAYMENT INFORMATION

Exam Fees

Unit 01	£415.00
Unit 02	£308.00
Unit 03	£308.00
Any two units or all three units*	£616.00

Centre Enrolment Fees (CIOLQ Open Centre* candidates only)

Unit 01	£55.00
Unit 02	£55.00
Unit 03	£55.00
Full CIOLQ Open Centre Enrolment Fee (all three units)	£165.00

^{*}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: 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, 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, 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.diptrans@ciol.org.uk Web: www.ciol.org.uk

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