

# IoLET 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](http://www.ciol.org.uk/ia)).**

Complete this form in **BLOCK CAPITALS**.

If you are sitting at the IoLET Open Centre, British Council, FSG or HKEAA please send your form via email to [info.diptrans@ciol.org.uk](mailto: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.**

<p><b>CIOL membership number</b></p> <p>A <u>current</u> CIOL membership (at IoLET Affiliate grade or higher) is <b>required</b> to sit an IoLET 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 an IoLET exam.</p>
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## SECTION 1 – PERSONAL DETAILS

TITLE (circle 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 circle)	Male			Female		
ETHNIC GROUP (please circle 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)						<input type="checkbox"/>

## SECTION 2A – EXAM DETAILS

Please find the list of available languages on our website:

[www.ciol.org.uk/diptrans-languages-list](http://www.ciol.org.uk/diptrans-languages-list)

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

- Source Language – Language from which you will be translating
- Target Language – Language into which the text is to be translated

Diploma in Translation (Diptrans) language selection	
Source Language	
Target Language	

Unit(s) selection – Please circle all the units you would like to sit		
Unit 01	Unit 02	Unit 03

## SECTION 2B – EXAM CENTRE DETAILS

<b>Exam Centre</b> – where you are sitting the exam  (Please write the <b>full name</b> of the centre)	
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## SECTION 3A – PAYMENT INFORMATION

### Exam Fees

Unit 01	£415.00
Unit 02	£308.00
Unit 03	£308.00
<b>Any two units <u>or</u> all three units*</b>	<b>£616.00</b>

### Centre Enrolment Fees (IoLET Open Centre\* candidates only)

Unit 01	£55.00
Unit 02	£55.00
Unit 03	£55.00
<b>Full IoLET Open Centre Enrolment Fee (all three units)</b>	<b>£165.00</b>

\*IoLET 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

I wish to make payment via:  (Please tick as appropriate)	<input type="checkbox"/>	<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>
	<input type="checkbox"/>	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.
	<input type="checkbox"/>	Cheque	Made payable to "IoL Educational Trust". Please send via Special / Recorded delivery to: IoLET, 7 <sup>th</sup> 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)	<input type="checkbox"/> Yes	If yes, provide details of your request below e.g. Extra Time.
	<input type="checkbox"/> 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, 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

<b>To be completed by all candidates</b>
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.
<b>Your data:</b> 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.
<b>I have read and agree to abide by the Candidate Regulations and the Declarations listed in Section 5.</b>
Candidate signature:
Date:

**Address:** IoLET, 7<sup>th</sup> 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](mailto:info.diptrans@ciol.org.uk) Web: [www.ciol.org.uk](http://www.ciol.org.uk)