

CIOL Qualifications DipTrans Exam Entry Form – January 2021

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.

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| <p>CIOL membership number</p> <p>A <u>current</u> CIOL membership (at IoLET Affiliate grade or higher) is required to sit a CIOL Qualifications exam. Please check yours via www.ciol.org.uk/member-check</p> | <p>Candidate number</p> <p>To be completed if you have previously sat a CIOL Qualifications exam.</p> |
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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 | | | Female | | |
| 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 | | |
| | | | | | | I prefer not to say (please tick) |

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 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 tick all the units you would like to sit | | |
|---|---------|---------|
| Unit 01 | Unit 02 | Unit 03 |

SECTION 2B – EXAM CENTRE DETAILS

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

Exam Fees

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

Centre Enrolment Fees (CIOLQ Open Centre* candidates only)

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| 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

| | | |
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| 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: GB58RBOS16001523122157 | Payment reference: <div style="border: 1px solid black; height: 50px; width: 100%;"></div> |
| | 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. |
| | | |

SECTION 4 – REASONABLE ADJUSTMENTS

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| Do you require Reasonable Adjustments under the Equality Act 2010? (please tick as applicable) | Yes | If yes, provide details of your request below e.g. Extra Time. |
| | 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, 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

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| 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 |