



Please attach two (2) Passport size photographs

KEY ENGLISH TEST / PRELIMINARY ENGLISH TEST

Please select (X) the examination you wish to sit for

Key English Test (KET)
Key English Test (KET) For Schools

Preliminary English Test (PET)
Preliminary English Test (PET) For Schools

Please underline the examination session you prefer

February/March/
April/May/June/July/
October/November/
December

Please select (X) the mode you prefer

Paper based Computer based

Complete the form in CAPITAL LETTERS

Please write your name as it appears on your Passport or Birth Certificate. Please note maximum of 40 characteristics allowed.

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| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | D | D | M | M | Y | Y | Y | Y | Postal/NIC/Passport | | | | | | | | | | | | | | | | | | | |
| NATIONALITY | | | | | | | | | | | FIRST LANGUAGE | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE No | FIXED LINE | | | | | | | MOBILE | | | | | | | E-MAIL | | | | | | | | | | | | | |

Please state where you studied for this examination

Self Study School Other (Please Specify the Institute)

We process the personal information you have given on this form either in print or electronic form in accordance with the UK's Data Protection Act, 1998. We may also use your personal details to send you information on our activities. Please sign below to confirm that you understand and agree to these conditions and all other conditions stated on the reverse of this form.

Signature _____

Date ___/___/_____

OFFICIAL USE ONLY

| | | | |
|--------------|--------|-------------|-----------------|
| CENTER No | LK 115 | CENTER NAME | SKILLS FOR LIFE |
| CANDIDATE No | | RECEIPT No | |

| | |
|------|-------------------|
| NOTE | SIGNATURE |
| | DATE DD / MM / YY |