



Please attach two (2) Passport size photographs

TEACHING KNOWLEDGE TEST

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

Module 01 Module 02 Module 03

Have you sat for a TKT module before? Yes No

If you have answered YES to the above, Please provide your

Examination Session /Month

Cambridge English Candidate Identifier

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.

NAME	<input type="text"/>																				
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y	Postal/NIC/Passport	<input type="text"/>											
NATIONALITY	<input type="text"/>										FIRST LANGUAGE	<input type="text"/>									
ADDRESS	<input type="text"/>																				
TELEPHONE NO	FIXED LINE					MOBILE					E-MAIL					<input type="text"/>					

Please state where you studied for this examination

Self Study School Other (Please Specify the Institute)

We process the personal information you give 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 (Pvt) LTD
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CANDIDATE NO	RECEIPT NO
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NOTE	SIGNATURE
	DATE DD / MM / YY