

EXTERNAL CANDIDATE REGISTRATION FORM

Please complete this form and return with full payment and copies of ID

Candidate Details (* indicates required field)				
First Name *				
Middle Name				
Surname *				
Date of birth*		Gender*	Male	Female
Address *	House Number			
	Road			
	Town/City			
	County			
	Postcode			
Email Address *				
Telephone *				

Exam History													
If you have undertaken any exams within the past few years, you will have a Unique Candidate Identification Code comprised of 12 digits and 1 letter. The UCI will be detailed on certificates or results statements.													
My UCI													
I do not have a UCI													
My Previous School was													
I left in													

Declaration	
<p>By signing this form I confirm that I have read and understood the terms and conditions in the information guide for external candidates. I have obtained an up to date copy of the specification from the relevant awarding body.</p> <p>I confirm that if any of the details change it is my responsibility to inform the Exams Officer at Connell Sixth Form College.</p> <p>If under 18 a parent or guardian should sign this form.</p>	
Signed	Date

External Candidate Resit Application

Name	
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Exam Board	Subject	Code	Level

Total Paid

Candidates Signature

Date