

Testing Institute Student Confirmation Booking Form

Please return this form to: exam@britishcouncil.org.au

THIS FORM IS TO BE COMPLETED BY THE AWARDING BODY ONLY

| Institution | | | | | | or returning ex | amination |
|---------------------|----------------|------------------------|--|---------|---|------------------|-----------------|
| Contact Na | _ | | | mate | erials: | | |
| Contact Te | <u> </u> | | | | | | |
| Email: | | | | | | | |
| Lilian. | | | | | | | |
| Examination | on Details | | | | | | |
| Student Name | Module Code | Module Title | Date (Exam (Mond Friday ONLY) | day – | Proposed Australian Local Start Time | Start time | Finish Time |
| | | | | | 9.30am OR | | |
| | | | | | 1.30pm | | |
| | | | | | 9.30am OR | | |
| | | | | | 1.30pm 9.30am OR | | |
| | | | | | 1.30pm | | |
| | | | | | 9.30am OR | | |
| | | | | | 1.30pm | | |
| | | | | | 9.30am OR 1.30pm | | |
| Is this exa | | rs: 9:00-17:00 loca | □ Paper | | - | omputer based | public Holidays |
| How mater | rials will be | e sent to the Britis | h Coun | cil Au | stralia : | □ Courier | □ Email |
| Procedure | s for holdi | ing this 'off site' ex | cam sho | ould b | e sent with th | e materials | |
| Please rea | d the impo | ortant note regardi | ng desp | oatchi | ing test paper | s at the end of | this form. |
| How mater | rials shou | ld be returned to y | /ou: | □ Со | urier | □ Email | |
| Please mal | ke sure to | complete the abov | e Couri | ier ad | dress box | | |
| Frequency | of returni | ing exam materials | s to you | J: | | | |
| □ Daily □ Other: | | , | | [| □ At the end of | all examinations | 5 |
| Who will pa | ay for the | local service fee a | nd cour | rier cl | narges | | |
| □ Institute | | □ Stud | dent | | | | |

| Student Name: | tudent(s) contact info | Local Contact Tel: | Student Email: |
|--|------------------------|-------------------------|---------------------------------------|
| Does this studen | t require special arra | angements? If so plea | se detail |
| | | | |
| Student Name: | Student Number: | Local Contact Tel: | Student Email: |
| Does this studen | t require special arra | angements? If so plea | se detail |
| Student Name: | Student Number: | Local Contact Tel: | Student Email: |
| | | angements? If so plea | |
| Does this studen | t require special arre | angements: It so pied | isc detail |
| | | | |
| Important Notos | | | |
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| important Notes. | (to be completed by | the Testing Institute) | |
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| | | | examination at the British Council in |
| I confirm that the Australia | | approved to sit their e | |
| I confirm that the Australia Name: | e above candidate is | approved to sit their e | examination at the British Council in |
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| I confirm that the Australia Name: Institution's offic | e above candidate is | approved to sit their e | examination at the British Council in |

Contact Name: Exams Team

Postal Address: British Council in Australia, Room 13.10, Level 13, 60 Margaret Street,

Sydney, NSW 2000 Australia

Courier Address: Same as above

Telephone Number: +61 (0) 416 373 600

Email Address: exam@britishcouncil.org.au

IMPORTANT NOTE (please read it carefully):

- 1. It takes about 10 14 working days for courier deliveries from the UK, so please send the packages at least 10 -14 working days before the first exam day.
- 2. Please mark the package as "Educational Materials" instead of "exam materials" to speed up the delivery and for additional security measures.
- 3. If the exam materials are not received before the exam date, we will send you an email asking for electronic copies of the test papers.