

# EDEXCEL APPLICATION FORM

**Registration Period: June 2023**

**We can ONLY process COMPLETE applications. Please ensure that you include ALL the items listed below. Any application that does not contain all the below items will automatically be rejected:**

### CHECK LIST:


**Application Form fully completed;  
Proof of Payment;**


**Recent ID Photo;  
Copy of ID/Passport**

**Centre Number:**

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## SECTION A - PERSONAL DETAILS OF STUDENT

<b>First name :</b>													
<b>Other names:</b>													
<b>Surname:</b>													
<b>Please write your full name in BLOCK letters as you would like it to appear on your certificate. Any inaccuracies must be reported in writing to the British Council immediately</b>													
<b>Gender (please tick):</b>		<b>Date of Birth</b>		<b>DD</b>		<b>MM</b>		<b>YYYY</b>					
<b>M                      F</b>		<b>South African ID Number or Valid Passport Number</b>											
<b>*<u>Physical</u> Address:</b>													
<b><i>*Please note that this is for information purposes only. Candidates will be required to collect results from our Cape Town and Johannesburg offices.</i></b>													
<b>Mobile:</b>						<b>Other Contact Number:</b>							
<b>Email:</b>													

## SECTION B – PERSONAL DETAILS OF PARENT/GUARDIAN

Mobile:		Other Contact Number:	
Email:			
Please note all communication will be sent to the parent/guardian of a student under the age of 18			

**SECTION C – SUBJECTS AND PREFERRED CENTRE** (Please tick the appropriate centre)

Johannesburg & Namibia	
*Cape Town	

**\*NB: We do not offer practical exams in Johannesburg and Cape Town for Edexcel.**

**BLOCK CAPITALS ONLY:** Please ensure that every letter / number is clear.

**Candidates** must ensure that the entry details are accurate and legible. Any changes that need to be made after the registration documents have been submitted to Cambridge **will be charged** a penalty fee as well as an additional registration fee. Refer to our website on closing dates. No exceptions.

Exam Level e.g IGCSE	Subject Name	Syllabus Number	Option Code	Fees

Please complete the application form, once the application has been completed please send the completed application to [ssa.enquiries@britishcouncil.org](mailto:ssa.enquiries@britishcouncil.org)

**An invoice with payment details will be sent to you**

#### **SECTION D – BANK DETAILS AND SIGNATURE**

**NB:** The British Council does not administer exams with coursework.

By submitting this application form I confirm that I have read, understand and I agree to the terms set out in the guidance notes attached to this application form. I confirm that all the information I have given is the truth and is accurate to the best of my knowledge and belief.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DISCLAIMER:** Your personal data will only be used for internal purposes of British Council and for registration with Cambridge International. British Council is committed to deliver the examinations services according to the rules and regulations set by Cambridge International. However, we cannot be held responsible for any interruptions which are caused by circumstances beyond our control. If examinations or their results are disrupted, cancelled or delayed, every effort will be made to resume normal service as soon as possible.

I .....being the **parent / guardian** of.....

**Candidate Number** .....who is sitting for **his/her Edexcel June 2020 Examinations**, agree that my child takes these examinations with the British Council at the British Council venue, under the British Council venue staff supervision.

I understand that the British Council will supervise my child at the examination venue only for the duration of the exam, and that it is my responsibility to ensure that my **son/daughter** arrives and departs from the venue safely at the indicated time.

I understand that the British Council will not be held liable for any accidents if I do not comply to the above i.e. I do not collect my child at the stated drop-off and pick-up times.

Should your child be suffering from an illness during the exams period, the British Council will immediately contact you.

I understand that the British Council is only able to make arrangements for special needs my child may require during the examination upon written request prior to the examination date.

**Parent/Legal Guardian: Signature:** \_\_\_\_\_

**Mobile Number (Parent/Legal Guardian):** \_\_\_\_\_