**Cambridge Assessment International Education**

**＊Please complete all data fields below International General Certificate of Secondary Education (IGCSE) Registration Form**

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| **Candidate Details** | | | | | | | | | | | | |  | **For Official Use Only** | |
| **Please enter your name(s) as shown in the ID/Passport.** | | | | | | | | | | | | |  |  | |
| **Surname** | Enter Your Surname. | | | | | | | | | | | |  | **Centre Name** |  |
| **Forename(s)** | Enter Your Forename(s). | | | | | | | | | | | |  | **Centre No.** |  |
| **Date of Birth** |  |  | / |  | |  | / |  | |  |  |  |  | **Transaction Reason** | IGCSE Examination  Oct/Nov 2021 exams series |
| D | D |  | M | | M |  | Y | | Y | Y | Y |  |
| **Gender** | Male | | | | Female | | | | Prefer not to say | | | |  | **Transaction Type** |  |
| **First Language** | English | | | | | | Non-English | | | | | |  | **Transaction Reference** |  |
| **Passport No.** | Passport No. | | | | | | | | | | | |  | **Date of Transaction** |  |
| **Current School Name & Address** | Current School Name & Address | | | | | | | | | | | |  |  |  |
| **Previous Centre No. (if available)** | Previous Centre No. | | | | | | | | | | | |  | **Currency** |  |
| **Previous Candidate No. (if available)** | Previous Candidate No. | | | | | | | | | | | |  | **Total Amount** |  |
| **Telephone** | Telephone numbers | | | | **Mobile Phone** | | | | Mobile Phone Numbers | | | |  | **Approved by** | |
| **Correspondence Address** | Correspondence Address | | | | | | | | | | | |  |  |  |
| **E-mail Address** | E-mail Address | | | | | | | | | | | |  |  |  |

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| **Access Arrangements** | |
| **Please tick the checkbox if you require the Access Arrangements.** | |
| Yes | No |
| * If you are a candidate with particular needs (for example the use of a scribe or extra time), please provide the supporting documents in English from a registered medical institution. You should make sure the report specifies the reason and your needs for the examination. | |

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| **Entry Details** | | | |
| **Please enter the Syllabus Name, Syllabus Code and Option Code correctly.** | | | |
| **No.** | **Syllabus Name** | **Syllabus Code** | **Option Code** |
| 1 | Syllabus Name | Syllabus Code | Option Code |
| 2 | Syllabus Name | Syllabus Code | Option Code |
| 3 | Syllabus Name | Syllabus Code | Option Code |
| 4 | Syllabus Name | Syllabus Code | Option Code |
| 5 | Syllabus Name | Syllabus Code | Option Code |
| 6 | Syllabus Name | Syllabus Code | Option Code |
| 7 | Syllabus Name | Syllabus Code | Option Code |
| 8 | Syllabus Name | Syllabus Code | Option Code |
| 9 | Syllabus Name | Syllabus Code | Option Code |
| 10 | Syllabus Name | Syllabus Code | Option Code |

**IMPORTANT**

* **Please refer to the Terms and Conditions on this registration form, the Price List and the Timetable before making entries.**
* **It is essential to complete this series if you are entering for retake or carry-forward component or staged assessment at IGCSE Level within previous 13 months. Please complete information below without which, we may not be able to process your entry.**

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| **Terms and Conditions** |
| **Please read the Examination Terms and Conditions below thoroughly.** |
| **Candidate Information**   * Candidates must confirm that all candidate details are correct. * Candidates should provide personal information on their valid passports. * Candidates are required to be in possession of passports that are valid for at least six months while submitting registration forms. * Candidates should present their valid passports which are registered for the registration of this examination to the invigilators for the identification check on each examination date. * Failure to provide the correct candidate details will result in unsuccessful registration. Candidates have to take full responsibility for all the information provided.   **Entry and Amendment**   * The deadlines for entries and amendments are both the SAME. * All the deadlines for entries and amendments cannot be modified and extended. * No entries and amendments will be accepted after the deadline of 2nd Stage Late Entry. * Examination Entries will be processed only after we have confirmed receipt of the full payment and all required information of this registration form is given by the deadline. * Candidates will not be entered for the examination unless the full payment has been successfully made. * Candidates must only use the provided Syllabus Name, Syllabus Code and Option Code for each syllabus. * Candidates are not permitted to combine components by themselves. Also, candidates are not permitted to enter for the same syllabus in different centres. * Candidates must confirm that all entry data are correct. * Failure to provide the correct entry data will result in unsuccessful registration. Candidates have to take full responsibility for all the information provided.   **Examination Fees**   * Candidates should read the Price List thoroughly before making entries. * Entry fees are calculated per syllabus and charged according to the submission date and time of the registration form. Each syllabus with different options has different entry fees. * Previous total entry fees will be re-calculated and the total entry fees of the next stage entry will be charged if the full payment has not been made by the indicated deadline of different stages. * Amendment fees are calculated per syllabus and will be charged according to the submission date and time of amendment requests.   **Examination Date and Time**   * According to Cambridge Assessment International Education Policy, there is no way to change examination dates and time. * Candidates should report to the venue at least 30 minutes prior to the start of each exams. Also, candidates must not leave the exam venue until the end of each exams.   **Cancellations and Refunds**   * No refund will be provided if you are absent from the exam or late for the exam. * Candidates may cancel bookings before the final deadline as <https://www.britishcouncil.org.au/exam/igcse-school/register/withdrawals-refunds> * No refund will be provided if cancellation is requested after the deadline of 2nd Stage Late Entry. * Sufficient evidence or explanation must be given if cancellation is requested. This evidence can be in Chinese or English. Evidence can be a medical report or accident report (or similar), which should be issued by an authorized body. The report should include both the signature of the doctor or professional and stamp of the institution as well as indicate that the situation prohibits the candidate from taking the exam on the scheduled date.   **Candidates must thoroughly read and check all information on this Registration Form, the Price List, the Timetable and our website.** |

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| **Copy Of ID/Passport** |
| **Please provide a photocopy of the personal details page of your valid passport; it should be at least 600px.** |
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| **Disclaimer** |
| The British Council and the examining boards take all reasonable steps to provide continuity of service. We feel sure you will understand, however, that we cannot be held responsible for any interruptions 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. The British Council’s liability will be limited to the refund of the registration fee or retesting at a later date. Neither British Council nor the Exam board can be held responsible for any loss or damage, or injury or death caused to any candidate at the examination venue during examination due to any act of terrorism or otherwise. |

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| **Declarations** |
| For candidates under the age of 18, the Registration Form and Child Safe Collection Form must be completed and signed by candidates and their parents/legal guardians/legal representative. |
| * I hereby affirm that I have fully understood the Terms and Conditions on this Registration Form and all the information on the Price List, the Timetable and our website for the administration of examinations and agreed to be bound by them. * I hereby affirm that I am fully cognisant of all the rules, regulations and, the Terms and Conditions of the examining board. * I hereby affirm that all the information provided in the registration form is true to the best of my knowledge and belief. * I fully understand that the British Council and the examining board take all reasonable steps to provide continuity of service. We feel sure you will understand, however, that we cannot be held responsible for any interruptions 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. The British Council’s liability will be limited to the refund of the administrative/paper fees or retesting at a later date. * I fully understand that the British Council’s liability is limited to the online registration and delivery of examinations. The British Council will not be responsible for any interruptions caused by circumstances beyond our control. The British Council can only provide follow-ups and updates from the examining board to candidates. * I fully understand that Candidates advised not to bring any unnecessary luggage or any valuables to the examination venue as the British Council will not be responsible for any loss or damages. * I fully understand that the British Council reserves the right to cancel or postpone the exam due to the natural disaster, earthquakes, typhoon or other reasons beyond their control.   I fully understand that the British Council reserves the right to the final interpretation of the Terms and Conditions for the examination administration. |

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| **Privacy Note** |
| * British Council will use the information that you are providing in connection with processing your registration. The legal basis for processing your information is agreement with our terms and conditions of registration. * We may need to pass this information on to Cambridge Assessment International Education for examination registration. * British Council complies with data protection law in the UK and laws in other countries that meet internationally accepted standards. You have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. If you have concerns about how we have used your personal information, you also have the right to complain to a privacy regulator.   For detailed information, please refer to the privacy section of our website, www.britishcouncil.org/privacy or contact your local British Council office. We will keep your information for a period of 4 years from the time of collection. |

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| **Signature** | | | |
| **By signing this registration form, I hereby affirm that I have fully understood all the above information and the Terms and Conditions.** | | | |
| Signature of Applicant (FULL NAME) | Date of Signature | Signature of Legal Guardians (FULL NAME) | Date of Signature |
|  |  |  |  |
| **Handwritten signature is mandatory** | | | |

**Child Safe Collection Consent Form**

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| --- | --- | --- |
| Child’s Name: | Child's Name | |
| Child’s Date of Birth: | Child’s Date of Birth | |
| Dates of Examinations:  (Please list all the examination dates) | Dates of Examinations | |
| Collection Arrangements:  (Please sign and complete the corresponding section below) | **Option 1:** I consent for my child (aged 11 years or older) to leave the exam premises unaccompanied. |  |
| **Or** | |
| **Option 2:** I do not consent for my child to leave exam premises unaccompanied and choose for them to be collected by the designated person/people identified in the table below. |  |

The British Council believes that the care, protection and welfare of children are paramount and that all children have the right to be protected from harm. This includes our commitment to effective child protection systems and ensuring children are safely collected from exam premises.

Please read this information carefully before you complete and sign this consent form. If you do not complete this form, you will not be able to complete the registration and your child will not be able to take the examination. We recommend that you keep a copy of this form for your records.

Who is this form for?

This form is to be completed by the parent/guardian of any child taking a British Council test. It provides the British Council with information about who will be collecting the child after the test or provides confirmation that the child is permitted to leave exam premises unaccompanied.

Child Safe Collection Policy

The following applies to all British Council examination operations:

* A child is defined as any person **who has not reached their 18th birthday**.
* Children aged 10 years and under are **not** permitted to leave exam premises unaccompanied. They must be collected by the parent/guardian named on this form or by a person for whom the parent/guardian has provided details.
* Children aged 11 years or older are **only** permitted to leave exam premises alone once parental/guardian consent has been given in writing via the completion of this form.
* The person identified to collect the child must be aged 14 years or older.
* Any subsequent change to the person who comes to collect the child must be authorised in writing by the parent/guardian.

**Privacy note**

**British Council complies with data protection law in the UK and laws in other countries that meet internationally accepted standards. You have the right to ask for a copy of the information we hold on you, and the right to ask us to correct any inaccuracies in that information. If you have concerns about how we have used your personal information, you also have the right to complain to a privacy regulator.**

**For detailed information, please refer to the privacy section of our website, www.britishcouncil.org/privacy or contact your local British Council office. We will keep your information for a period of 4 years from the time of collection.**

Option 1 – Consent for children aged 11 years and over to leave exams premises unaccompanied:

I (your name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby give permission to allow (child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to leave exam premises unaccompanied at the end of the test(s).

In case of emergency, please contact (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (telephone number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature (FULL NAME): Date:

Option 2 – Consent for children to be collected by the designated person/people identified in the table below:

Please note that children aged 10 years or under are not permitted to leave exam premises alone and the completion of the information below is mandatory.

Parent/guardian of children aged 11 years and older who wish for the child not to leave exam premises alone must complete the information below identifying who is authorised to collect the child.

When the child is collected by the person/people listed identification must be presented to confirm identity.

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name(s)** | **Relationship to the child** |
| Last Name | First Name | Relationship |
| Last Name | First Name | Relationship |

I (your name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby confirm that the person/people listed are authorised to collect (child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the end of test(s).

In case of emergency, please contact (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (telephone number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I certify that the named person/people above are aged 14 years or older.

Signature (FULL NAME): Date: