

## Application form for conducting exams on school premises.

School/Centre name				
School/Centre number				
Name of the Principal / Headmaster				
Name of GCE contact staff				
Address				
Phone number				
Fax number				
Email address				
Website address				
Please tick as appropriate				
Type of exams conducted in your school				
	Pearson Edexcel		Cambridge	
Number of candidates intend to register for	r May/June exam series against each qua International GCSE/IGCSE and OL	alification	GCE AL	
Which of the following facilities do you have	e in vour school?			
Which of the following facilities do you have	Computer laboratory			
	Science Laboratories			
	Number of computers:			
Do you have a way of storing examination	materials securely?			
(Please refer to Section 2 of the 'Policy on	conducting exams on schools' for more	details)		
	Yes			
	No			
	Details:			
Do you have a suitable examination venue	where students can take examinations?	)		
(Please refer to Section 3 of the 'Policy on	conducting exams on schools' for more	details)		
	Yes			
	No			
	Details:			
Declaration				
* I want to make a formal application to be	a recognised as a venue to conduct exa	aminations.		
* I will make no assumptions about the apprejudiced.	proval unless and until the registration pr	rocess is complete.I underst	and that if I were to do this application would	d be
* Should the application be successful I undergard I undertake to:	derstand that this application will form pa	art of a formal contract between	een my centre and the distributor and in that	t
Comply with any inspection arrangement	ents which the British Council may make	with/without notice		
Comply with any condition imposed by				
Title (Mr, Mrs, etc) and Name in BLOCK Co	APITALS			
Position or Job Title				
Signature	_			
Date / /				
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