



### TEACHING KNOWLEDGE TEST

Please select (X) the module/s you wish to sit for

Module 1  Module 2  Module 3  CLIL  YL

Have you sat for a TKT module before? Yes  No

If you have answered YES to the above, please provide your

Please select (X) the examination session you prefer

Jan  Apr  Jul  Oct

CAMBRIDGE ENGLISH CANDIDATE IDENTIFIER

Please select (X) the examination location you prefer

Colombo  Kandy

Complete the form in **CAPITAL LETTERS**

Please write your name as it appears on your National Identity Card or Passport. Please note **maximum of 40 characteristics** are allowed.

Title: Mr  Mrs  Ms  Other

NAME

DATE OF BIRTH  NIC / Passport No

NATIONALITY  FIRST LANGUAGE

ADDRESS

TELEPHONE No  FIXED LINE  MOBILE  E-MAIL

Please state where you studied for this examination

Self-Study  British Council  Other (Please Specify the Institute)

We will process the personal information you give on this form either in print or electronic form in accordance with the UK's Data Protection Act, 1998. We may also use your personal details to send you information on our activities. Please sign below to confirm that you understand and agree to these conditions and all other conditions stated on the information sheet.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / 20\_\_

### OFFICIAL USE ONLY

|                  |                      |             |                           |
|------------------|----------------------|-------------|---------------------------|
| Center Number    | LK 001               | Center Name | British Council - Colombo |
| Candidate Number | <input type="text"/> | Receipt No  | <input type="text"/>      |
| Notes            | <input type="text"/> |             | Signature                 |
|                  |                      |             | Date DD / MM / YY         |