

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 |