

Teleproctoring Resitting Application Form

Examination Period		Level	
Examination Centre (preference)			
Language School (state the name/code)		Individual Candidate	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name			
Surname			
Father's Name			
ID Number			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth			
Address			
Postal Code		City / Area	
Telephone		Mobile	
Email			

Please, complete all personal details with capital letters and Latin characters according to ELOT and the candidate's I.D./Passport

GDPR Statement (It is obligatory to tick one of the boxes below.)
 I undertake a warrant that I, the signatory person,

am personally the subject of the above personal data and the relevant documentation

am legally entitled, to submit them to UCERT, bearing all legal liability

and I fully consent for every necessary use of them, i.e saving in digital file or hard copy or/and forwarding, to Open College Network West Midlands or any other third party, for the cause of registration and participation to Open College Network West Midlands Certificate in ESOL International.

I declare responsibly that I accept the recording of the examination process in which I will participate if this is required by the nature of the certification, with the help of appropriate electronic (PC) and / or audiovisual equipment (video camera).

I declare that I take full responsibility for any technical problems of my own fault (audio/visual equipment and internet speed) that might arise on the day of the exams and UCERT will not be held accountable for any of these.

I hereby declare that I myself be present in the examination and all the work submitted will be my own.

Candidate's Name _____ **Signature** _____

Date _____