



Please return to:

PLEASE WRITE IN BLOCK CAPITALS

- |                                   |                 |               |                 |
|-----------------------------------|-----------------|---------------|-----------------|
| 1 Preferred date of test          | d d   m m   y y | second choice | d d   m m   y y |
| 2 Test city location              |                 |               |                 |
| 3 Last name (family name/surname) |                 |               |                 |
| 4 Title (Dr/Mr/Mrs/Miss/Ms)       |                 |               |                 |
| 5 First (given) name(s)           |                 |               |                 |

These names must be the same as the names on your passport/National Identity Card and must appear in the same order.

- 6 Which IELTS test module are you taking? (tick one box only) Academic ☐ General Training ☐

Please note that it is the candidate's responsibility to select the test module that best meets their needs.

The General Training module is not available on every test date.

- 7 Address: Please note you will only be sent **one** copy of your results.

- |   |               |
|---|---------------|
| 8 | Telephone     |
|   | Mobile number |
| 9 | Email         |

Please provide full and accurate contact information including postal address, phone and mobile number and email which are in constant and valid use. The test centre or the IELTS Test Partner may contact candidates before or after the test to access the full test registration and administration.

- 10 Date of birth    d   d   m   m   y   y                      11 Gender    F    M    (circle as appropriate)

- 12 Please indicate which document you will be using as proof of identity and give the number below.

Candidates taking the test outside their own country must use a current passport.

You must bring the ID document indicated below to the test. This is the only form of identity that will be accepted on the test day.

The document must be valid/not expired at registration and on the test day.

|          |                        |
|----------|------------------------|
| Passport | National Identity Card |
|----------|------------------------|

[illegible]

## For office use only

[illegible]

|                 |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|
| date of payment | d | d | m | m | y | y |
|-----------------|---|---|---|---|---|---|

ID checked

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|----|--|----|--|
| AC |  | GT |  |
|----|--|----|--|

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|-----------|---|---|---|---|---|---|
| test date | d | d | m | m | y | y |
|-----------|---|---|---|---|---|---|

receipt number 

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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Administrator's initials

For questions 13–16 please enter codes and the name of the country of nationality and first language.  
 You can find codes on pages ii–iv. Please take care and enter this information accurately.  
 If the codes you enter here are incorrect, the information on your Test Report Form will also be incorrect.

13 Country of nationality (code)

Country of nationality (name)

14 First language (code)

First language (name)

15 Occupation (sector)

if other, please specify

Occupation (level)

if other, please specify

16 Why are you taking the test?

if other, please specify

17 Which country are you applying to/intending to go to? (tick one box only)

☐ Australia

☐ Canada

☐ New Zealand

☐ Republic of Ireland

☐ United Kingdom

☐ United States of America

☐ other, please specify

18 Where are you currently studying English (if applicable)?

19 What level of education have you completed? (tick one box only)

☐ secondary up to 16 years

☐ secondary 16–19 years

☐ degree or equivalent

☐ postgraduate

20 How many years have you been studying English? (tick one box only)

☐ 1 (or less than)

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9 (or more)

21 Do you have a permanent disability, such as a visual, hearing or specific learning difficulty, which requires special arrangements (for example, modified material, extra time, use of technology, etc.)?

☐ yes

☐ no

If yes, please specify your requirements below. You must attach original supporting medical evidence to this form. The medical evidence must be in the form of a report prepared in a period no more than two years before the test date. You must submit requests for modified test materials at least three months before the test.