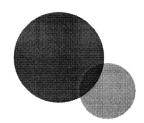
IELTSApplication form



Plo	ase return to:		
rie	ase return to.		
DI I	EASE WRITE IN BLOCK CAPITALS		
	Preferred date of test	d d m m v v second choice d d m m v v	
5	Test city location	d d m m y y second choice d d m m y y	
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 takin Please note that it is the candidate's responsibilit The General Training module is not available on	ng? (tick one box only) Academic General Training by to select the test module that best meets their needs.	
7	Address: Please note you will only be sent one copy of your results.		
		Zip/Postal code	
8	Telephone		
	Mobile number		
9	Email		
		ion including postal address, phone and mobile number and email which are in constant and valid use. ntact candidates before or after the test to access the full test registration and administration.	
10	Date of birth d d m m y y	Gender F M (circle as appropriate)	
0	Candidates taking the test outside their own cou	v to the test. This is the only form of identity that will be accepted on the test day.	
		Passport National Identity Card	
	Passport or National Identity Card nur		
For	Passport or National Identity Card nur		
Foi	office use only	nber	
Foi	office use only	test date d d m m y y	
Foi	office use only	test date d d m m y y	

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		
(13)	Why are you taking the test? if other, please specify		
7	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		
(13)	Where are you currently studying English (if applicable)?		
(19)	Vhat level of education have you completed? (tick one box only)		
	secondary up to 16 years secondary 16–19 years degree or equivalent postgraduate		
	describedly up to 10 years accordance to 10 years accordance to 10 years		
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.		