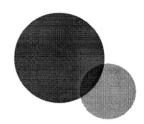
## **IELTS**Application form



Please return to:		
PLEASE WRITE IN BLOCK CAPITALS		
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)		
Title (Dr/Mr/Mrs/Miss/Ms)		
5 First (given) name(s)		
	These names must be the same as the names on your passpor and must appear in the same order.	t/National Identity Card
6 Which IELTS test module are you tak Please note that it is the candidate's responsibil The General Training module is not available or	ng? (tick one box only) Academic Generality to select the test module that best meets their needs.	l Training
Address: Please note you will only be		
	Zip/Postal code	
8 Telephone		
Mobile number		
9 Email		
Please provide full and accurate contact information The test centre or the IELTS Test Partner may contact the second of the IELTS Test Partner may contact the second of the IELTS Test Partner may contact the second of the IELTS Test Partner may contact the second of the IELTS Test Partner may contact the IELTS Test Partner may c	tion including postal address, phone and mobile number and emontact candidates before or after the test to access the full test re	ail which are in constant and valid use. gistration and administration.
Date of birth d d m m y y	Gender F M (	circle as appropriate)
Candidates taking the test outside their own co	w to the test. This is the only form of identity that will be accepted	
	Passport Nat	ional Identity Card
Passport or National Identity Card nu	mber	
For office use only		
	scheme test date d d m m y y	
ID checked	Administrator's initials	Diagon transport
AC GT		Please turn over 1

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)		
O	First language (code)		
	First language (name)		
15	Occupation (sector) if other, please specify		
495	Occupation (level) if other, please specify		
	ii ditier, 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		
	office diales of Afficiate 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.		