

## **Private Exam Centre**

FUNCTIONAL SKILLS

435-437 Cranbrook Road, Ilford, Essex, IG1 4UW

Tel: 0800 772 0256 | E mail: exams@bestgrade.co.uk

## **Private Candidate Exam Application Form**

<b>Candidate Detai</b>	ls Please use Block	Capital Letters						
First Name								
Middle Name(s)								
Last Name								
Date of Birth				DD/MM/YY	Age			
Gender	□ Male	☐ Fem	ale (type x on	the box to select)				
Home Address								
Town				Postcode				
Email Address								
Mobile Number								
Home Telephone								
Do you require ad	ditional time in exa	ms 🗆	Yes □ No	(type x on the b	ox to select)			
If Yes, Do you have	e a valid medical cer	tificate? $\square$	Yes □ No	(Additional fees	may applicable fo	r extra time)		
Additional inform	ation/Special learn	ing requireme	nts					
	Please select your preferred exam location							
Exam registration details Exam Location :								
Exam Board	Subject	Level	Preferred Exam	Date and Time	Exam Type	Cost		
(Edexcel)	(Maths/English/ICT)	(Level 1/Level 2)	(E.g. Thursday 23rd	d May 2020 - 13:00)	(Paper / Computer)			
Edexcel								
Edexcel								
				Re	gistration Fee	£ 10.00		
Do you require a r	nock exam to check	your level befo	ore the real exam:	(Yes/No)		£ -		
Do you wish to pu	irchase a past paper	question/ansv	ver pack (pdf down	loadable):	(Yes/No)	£ -		
	and property of the second sec		and the second s		Total cost			
Do you require to	ition / support class	es to improve	vour grades 2	(Vos/No)				

Do you require tuition / support classes to improve your grades? (Yes/No)
We conduct intensive exam support classes at the centre and online. Tuition can be arranged individual basis or as a group

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