

## APPLICATION FORM

Please enter your details below in block letters and return this form to the address at the foot of the page together with the correct fee.

**\* MANDATORY FIELDS**

* Mr Mrs Miss Ms First Name:	* Surname:
* Address:	
* Postcode	* Date of Birth
* Tel / Mob No:	* Email:

\* Please tick the appropriate box to indicate the Course / Examination you require.

Mathematics (Higher Level) <input type="checkbox"/>	Mathematics (Foundation Level) <input type="checkbox"/>	Combined Science (Biology/Chemistry/Physics) (Higher Level) <input type="checkbox"/>
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Science Biology (Higher Level) <input type="checkbox"/>	English (Higher Level) <input type="checkbox"/>
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Home Study <input type="checkbox"/>	Exam Only <input type="checkbox"/>	* Exam Date & Time <input style="width: 100%;" type="text"/>
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Please make your cheque payable to Mr R Freestone

£	<input style="width: 100%;" type="text"/>
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\* Circle which teaching route you are intending to take    Schools Direct    PGCE    SCITT    EYTS    QTS    ITT

\* Name of Organisation / Awarding body (i.e. University, Education Authority)

**Options One: Examination Preparation Course:** £450.00 per subject.  
£300.00 for the course and £150.00 for the examination.

**Please Note: Do not pay for your examination until you have completed the course.**

**Option Two Examination only.** The cost of Option Two is £150.00 per examination.

**IF THE EXAMINATION IS BEING SENT TO A SCHOOL, COLLEGE OR UNIVERSITY PLEASE COMPLETE THIS SECTION.**

**ONLY A HEAD TEACHER, DEPUTY HEAD OR EXAMS OFFICER CAN RECEIVE AND INVIGILATE THIS EXAMINATION.**

MR     MRS     MISS     MS     Name

\* TITLE:    HEAD TEACHER     DEPUTY HEAD     EXAMS OFFICER

* SCHOOL, COLLEGE, UNIVERSITY	
* ADDRESS:	
* POSTCODE:	* SIGNATURE:
* TELEPHONE NO:	* EMAIL: