**EXTERNAL CANDIDATE APPLICATION FORM**

Please complete this form and return with copies of your ID.

| **Candidate Details**  |
| --- |
| First Name  |  |
| Middle Name |  |
| Surname  |  |
| Date of birth |  | Gender\* | Male | Female |
| Address  | House Number |  |
|  | Road |  |
|  | Town/City |  |
|  | County |  |
|  | Postcode |  |
| Email Address  |  |
| Telephone  |  |
| Emergency contact name |  |
| Telephone |  |

| **Exam History** |
| --- |
| If you have taken any exams since 1998 you will have a Unique Candidate Identification code. It’s 12 digits and 1 letter. It will be on certificates or results statements. |
| UCI |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I do not have a UCI |  |
| My Previous School was |  |
| I left in  |  |
| My ULN number |  |

| **Declaration** |
| --- |
| By signing this form I confirm that I have read and fully understood the terms and conditions in the external candidate information guide. I have obtained an up to date copy of the specification from the relevant awarding body.PLEASE BE AWARE THAT FEES ARE NON RETURNABLEI confirm that if any of the details change it is my responsibility to inform the Exams Officer at Connell Co-op College. If under 18 a parent or guardian should sign this form.Signed Date |

**EXAMINATION SUBJECTS**

| Name |  |
| --- | --- |

| **Exam Board** | **Subject** | **Code** | **Level****(A Level/GCSE)** | **Resit?****Yes/No** |
| --- | --- | --- | --- | --- |
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**If you have indicated that any exams are resits and the qualification has coursework/practical endorsement /speaking & listening which has been previously awarded and is to be carried over, proof of this must be sent to the exams officer at the time of application.**

**Total amount to be paid £…………….**

**Candidate’s Signature…………………………………………………….**

**Date………………………………**