


Examination Entry Form

Please use a separate Entry Form for each examination

Please read through the notes overleaf before completing all relevant parts in BLOCK CAPITALS using black ink or biro.																
Your CIOL membership number: <i>Please note that a current CIOL membership (excluding Student Affiliate) is required to take an IoLET examination</i>	Please tick to indicate which exam you are entering and complete the corresponding box on the next page.			EXAM	<input checked="" type="checkbox"/>	BOX										
Tick this box if you require Reasonable Adjustments and please specify these on the back page, continuing on a separate sheet if necessary. <input type="checkbox"/>	Boxes A and F overleaf must be completed by all candidates.		70	DIPTRANS		B										
			131	DPI		C										
			75	DPSI		D										
			80	CBS		E										
SURNAME				PAYMENT OF EXAMINATION FEE												
TITLE (Mr/Mrs/Ms/Other)		FOR OFFICE USE - CAND. NO.		Before completing this section, please refer to the current fees list and to Note 4 overleaf.												
FIRST NAME (S) (in full)																
ADDRESS		I enclose my examination fee of		£												
		Plus my Open Centre Fee (if applicable)		£												
		TOTAL AMOUNT ENCLOSED		£												
		Payment by Cheque I enclose a cheque for the full amount in accordance with Note 4 overleaf, payable to "IoL Educational Trust" (please tick) <input type="checkbox"/>														
DAYTIME PHONE NUMBER (+STD / area code)		Payment by Debit / Credit Card I wish to pay by (please circle one)														
MOBILE PHONE NUMBER																
EMAIL		In accordance with Note 4 overleaf Debit/Credit Card Number:														
GENDER (please circle)		Male <input type="checkbox"/>		Female <input type="checkbox"/>												
NATIONALITY		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							-					-		
		-														
		-														
DATE OF BIRTH (d/m/y)																
NATIVE LANGUAGE		Issue date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>														
ETHNIC GROUP (please circle one) This information is requested for equal opportunities monitoring only.		White UK Heritage	White European	White Other (known)	White Type not known											
		Black Caribbean Heritage	Black African Heritage	Black Other	Other											
		Indian	Pakistani	Bangladeshi	Chinese											
		I prefer not to say (please tick) <input type="checkbox"/>														
		Expiry date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						Name of candidate:								
		Name of card holder (as it appears on the card), if different to candidate:														
BOX A To be completed by all candidates.		Year of examination														
		Name of Examination Centre (where you are sitting the exam)														

Notes

- 1) Candidates must read the "Candidate Regulations" before completing this form.
- 2) Candidates must ensure that they are fully aware of the level and format of the examination for which they are entering by referring to handbooks and past papers.
- 3) Candidates must complete Box A, Box F and one of the boxes B-E depending on the examination they wish to sit.
- 4) Completed Entry Forms sent without full relevant payment will not be processed. Payment can be made either by cheque (drawn on a British bank account and made payable to "IoL Educational Trust" or by credit card (minimum payment of £25 applies). For list of accepted cards see previous page. Cash payments are not accepted. For other forms of payment other than cheque or credit card, please contact 0207 940 3127/3137. Please note that in all cases the IoLET Open Centre fees are not refundable.
- 5) Where a minimum number of candidates is required for a particular examination, and where that number has not been reached by the close of registration, IoLET reserves the right to withdraw that examination at which time the candidate will receive a full refund of the examination fee.
- 6) If candidates are entering for more than one language or level at the same session it is their responsibility to check that there is no timetable clash.
- 7) IoLET will retain and use examination material for internal training purposes.
- 8) Candidates entering for a re-sit of specific CBS, DPSI or DPI tasks must enclose a copy of their Result Notification(s).
- 9) Completed Entry Forms must be returned to the Central Registration Department at IoLET before closure of the relevant registration period (see "Candidate Regulations"). Please enclose Centre Letter as required.

continued/...

BOX B	DIPLOMA IN TRANSLATION (DipTrans)		
	Source language (ie, language in which text to be translated is written)		
	Target language (ie, language into which the text is to be translated)		
Units being taken – please circle as appropriate			
Unit 01	Unit 02	Unit 03	
Unit (s) previously passed (if applicable)			
Year (s)	Centre	Candidate No.	Source language
Unit (s) passed (including Semi-Specialised Options):			Target language

BOX C	DIPLOMA IN POLICE INTERPRETING (DPI)			
Language of examination, other than English				
Unit being taken – please circle as appropriate				
Unit 01	Unit 02	Unit 03	Unit 04	Unit 05
Unit (s) previously passed (if applicable)				
Year (s)	Centre	Candidate No.	Language	
Unit (s)/Task (s) passed:				
Tick this box if you are a holder of the DPSI (English Law) and attach a copy of your certificate <input type="checkbox"/>				

BOX D	DIPLOMA IN PUBLIC SERVICE INTERPRETING (DPSI)			
Language of examination, other than English				
Pathway being taken – please circle as appropriate				
Health	English Law	Scottish Law	Northern Irish Law	Local Government
Unit being taken – please circle as appropriate				
Unit 01	Unit 02	Unit 03	Unit 04	Unit 05
Unit(s) previously passed (if applicable)				
Year (s)	Centre	Candidate No.	Language	
Unit (s)/Task (s) passed:				
Tick this box if you are a holder of the DPI and attach a copy of your certificate <input type="checkbox"/>				

BOX E	CERTIFICATE IN BILINGUAL SKILLS (CBS)			
Language of examination, other than English				
Unit being taken – please circle as appropriate				
Unit 01	Unit 02	Unit 03	Unit 04	Unit 05
Unit(s) previously passed (if applicable)				
Year (s)	Centre	Candidate No.	Language	
Unit (s)/Task (s) passed:				

CBS/DPSI/DPI Languages			
<input type="checkbox"/> Albanian	<input type="checkbox"/> French	<input type="checkbox"/> Mongolian <i>(DPI only)</i>	<input type="checkbox"/> Tamil
<input type="checkbox"/> Amharic	<input type="checkbox"/> German	<input type="checkbox"/> Nepalese <i>(DPI only)</i>	<input type="checkbox"/> Thai
<input type="checkbox"/> Armenian Eastern <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Greek	<input type="checkbox"/> Panjabi (Indian)	<input type="checkbox"/> Tigrinya
<input type="checkbox"/> Armenian Western <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Panjabi (Pakistani)	<input type="checkbox"/> Turkish
<input type="checkbox"/> Arabic (MSA)	<input type="checkbox"/> Hindi	<input type="checkbox"/> Pashto	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Bengali	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> Bengali (Sylheti)	<input type="checkbox"/> Italian	<input type="checkbox"/> Portuguese (European)	<input type="checkbox"/> Urdu (Mirpuri) <i>(CBS/DPSI only)</i>
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Jamaican* <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Portuguese (Brazilian)	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cantonese <i>(DPI only)</i>	<input type="checkbox"/> Japanese	<input type="checkbox"/> Romanian	<input type="checkbox"/> Yoruba <i>(DPI only)</i>
<input type="checkbox"/> Cantonese (Traditional script) <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Korean <i>(DPI only)</i>	<input type="checkbox"/> Russian	
<input type="checkbox"/> Cantonese (Simplified script) <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Kurdish (Sorani)	<input type="checkbox"/> Serbian (in Cyrillic script)	
<input type="checkbox"/> Croatian	<input type="checkbox"/> Latvian	<input type="checkbox"/> Slovak	
<input type="checkbox"/> Czech	<input type="checkbox"/> Lithuanian	<input type="checkbox"/> Slovene <i>(CBS/DPSI only)</i>	
<input type="checkbox"/> Dari	<input type="checkbox"/> Macedonian <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Somali	
<input type="checkbox"/> Dutch	<input type="checkbox"/> Mandarin <i>(DPI only)</i>	<input type="checkbox"/> Spanish	
<input type="checkbox"/> Estonian <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Mandarin (Traditional script) <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Swahili	
<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin (Simplified script) <i>(CBS/DPSI only)</i>	<input type="checkbox"/> Tagalog <i>(DPI only)</i>	

Notes

- 10) IoLET organises many examinations every year. There are occasionally unforeseen problems. In these circumstances, IoLET always does its best to rectify the problem, but may have to make alternative arrangements. IoLET will not be responsible for any consequential losses arising from such problems.

BOX F -To be completed by all candidates	
By completing an IoL Educational Trust examination Entry Form and paying the appropriate examination fee, the candidate is agreeing to abide by the regulations governing such candidates which are contained in the IoL "Candidate Regulations".	
Tick this box if you do <u>not</u> wish the information provided to be shared within the Chartered Institute of Linguists' group.	<input type="checkbox"/>
I have read and agree to abide by the "Candidate Regulations"	<input type="checkbox"/>
Candidate signature:	
Date:	

For Candidate Regulations and Examination Handbooks, please see the [CIOL website](#).

* Subject to external funding

Please print your name and address clearly in the box below so that we can confirm receipt of your Entry Form.

NAME ADDRESS
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Reasonable Adjustments

Please give detailed information of any Reasonable Adjustments that you may require.
All candidates are required to submit supporting evidence (eg. medical or professional statement).
A written statement is required from the Examination Centre, agreeing to the provision of Reasonable Adjustments.
This entry will only be accepted and processed if the above information is enclosed.

The IoL Educational Trust thanks you for your completed Examination Entry Form.
Examination details will be released to candidates by Individual Examination Centres and not the IoL Educational Trust.

Address: IoL Educational Trust, Central Registration Department, Dunstan House, 4th Floor, 14a St Cross Street, London EC1N 8XA

Contact: Central Registration Department, Tel: +44 (0)20 7940 3127/3137, Fax: +44(0)20 7940 3101

Emails: DipTrans: info.diptrans@ciol.org.uk; DPI: info.dpi@ciol.org.uk; DPSI: info.dpsi@ciol.org.uk;

CBS: info.cbs@ciol.org.uk; General Enquiries: exams.crd@ciol.org.uk

Website: <http://www.ciol.org.uk>