Teaching Knowledge Test (TKT) Registration Form

INSTRUCTIONS
► This form must be returned to ICTE 6 weeks prior to the test date
► Please use BLOCK LETTERS to fill in your personal details
► Complete all personal details as you wish them to appear on your certificate

1 PERSONAL DETAILS
UQ Student Number (if applicable)

Title    Mr    Mrs    Ms    Other

Family Name

Given Name

Date of Birth DD/MM/YYYY

Male    Female

PostalAddress

Telephone No

Email

2 ESP:TESOL COURSE, TEST DATE & MODULE SELECTION
ESP:TESOL A
Course start date:   ______/______/______
Module 1: Background to language teaching
Test Date   ______/______/______

ESP:TESOL B
Course start date:   ______/______/______
Module 2: Planning for language teaching
Test Date   ______/______/______
Module 3: Classroom management
Test Date   ______/______/______

3 TERMS AND CONDITIONS
A late fee of AUD$100 per test module applies to applications received after the due date (6 weeks prior to the test date). TKT exam and late fees are non-refundable. You cannot transfer entry from one test date to a future test date.

4 PRIVACY STATEMENT
The information on this form is collected for the primary purpose of processing your application for the Teaching Knowledge Test. The information you provide, as well as information about your test results, may be disclosed to your university or college, your sponsor or educational representative and relevant parties. You have a right to access personal information that the University holds about you, subject to any exceptions in relevant legislation. For information on how UQ manages student information, please consult the UQ Privacy Management Policy which is located at: http://ppl.app.uq.edu.au/content/1.60.02-privacy-management

I declare that the information I have provided on this form is true and correct. I have read and agree to the terms and conditions.

Name (in English)   ______________________________   Signature   ______________________________   Date   ______/______/______

5 PAYMENT

Cheque payable to The University of Queensland

Credit Card

Amount to be debited

Card type:    Visa    Mastercard

Name on Card

Card Number

Expiry Date MM/YYYY

Signature of cardholder

OFFICE USE ONLY
ICTE-UQ Student    ESP:TESOL    External