

Teaching Knowledge Test (TKT) Registration Form

Institute of Continuing & TESOL Education CRICOS Provider No: 00091C

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
- ▶ Return completed form along with payment and a copy of your passport to:
Admissions Officer
Institute of Continuing & TESOL Education
Level 5, Sir Llew Edwards Building (No 14)
Cnr University Drive & Campbell Road
The University of Queensland
Brisbane QLD 4072 Australia
Tel: +61 7 3346 6770 Fax: +61 7 3346 6771
Email: admissions@icte.uq.edu.au

1 PERSONAL DETAILS

UQ Student Number (if applicable)

Title Mr Mrs Ms Other

Family Name Given Name

Date of Birth / / Male Female

Postal Address

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

EFTPOS/Cash (payable in person at ICTE Reception only)

Credit Card

Amount to be debited Card type: Visa Mastercard

Name on Card

Card Number Expiry Date /

Signature of cardholder

OFFICE USE ONLY

ICTE-UQ Student ESP:TESOL External