

Please return to:

**PLEASE WRITE IN BLOCK CAPITALS**

1 Preferred date of test

2 Test city location

3 Last name (family name/surname)

4 Title (Dr/Mr/Mrs/Miss/Ms)

5 First (given) name(s)

These names must be the same as the names on your passport/National Identity Card and must appear in the same order.

6 Which IELTS test module are you taking? (tick one box only) Academic  General Training   
 Please note that it is the candidate's responsibility to select the test module that best meets their needs.  
 The General Training module is not available on every test date.

7 Address: Please note you will only be sent **one** copy of your results.

Zip/Postal code

8 Telephone   
 Mobile number

9 Email

Please provide full and accurate contact information including postal address, phone and mobile number and email which are in constant and valid use. The test centre or the test partner may contact candidates before or after the test to access the full test registration and administration.

10 Date of birth            11 Gender    **F**    **M**    (circle as appropriate)

12 Please indicate which document you will be using as proof of identity and give the number below.  
 Candidates taking the test outside their own country must use a current passport.  
 You must bring the ID document indicated below to the test. This is the only form of identity that will be accepted on the test day.  
 The document must be valid/not expired at registration and on the test day.

Passport       National Identity Card   
 Passport or National Identity Card number

**For office use only**

scheme       test date

date of payment            receipt number

ID checked       Administrator's initials

AC       GT

For questions 13–16 please enter codes and the name of the country of nationality and first language. You can find codes on pages ii–iv. Please take care and enter this information accurately. If the codes you enter here are incorrect, the information on your Test Report Form will also be incorrect.

13 Country of nationality (code)     
 Country of nationality (name)

14 First language (code)     
 First language (name)

15 Occupation (sector)   if other, please specify   
 Occupation (level)   if other, please specify

16 Why are you taking the test?   if other, please specify

17 Which country are you applying to/intending to go to? (tick one box only)  
 Australia  Canada  New Zealand  Republic of Ireland  United Kingdom  
 United States of America  other, please specify

18 Where are you currently studying English (if applicable)?

19 What level of education have you completed? (tick one box only)  
 secondary up to 16 years  secondary 16–19 years  degree or equivalent  postgraduate

20 How many years have you been studying English? (tick one box only)  
 1 (or less than)  2  3  4  5  6  7  8  9 (or more)

21 Do you have a permanent disability, such as a visual, hearing or specific learning difficulty, which requires special arrangements (for example, modified material, extra time, use of technology, etc.)?  
 yes  no

If yes, please specify your requirements below. You must attach original supporting medical evidence to this form. The medical evidence must be in the form of a report prepared in a period no more than two years before the test date. You must submit requests for modified test materials at least three months before the test.

## Question 15 – Occupation

### Example

If you are a student, enter 08 because the sector is Education and 7 because the level is Student.

0 8      7

### Sector

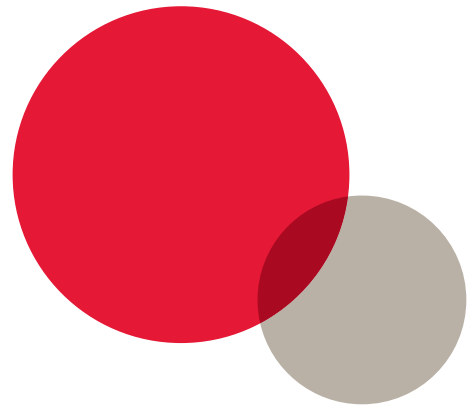
Administrative Services	01
Agriculture, Fishing, Forestry, Mining	02
Arts and Entertainment	03
Banking and Finance	04
Catering and Leisure	05
Construction Industries	06
Craft and Design	07
Education	08
Health and Social Services	09
Installation, Maintenance and Repair Services	10
Law and Legal Services	11
Manufacturing and Assembly Industries	12
Personal Services	13
Retail Trade	14
Technical and Scientific	15
Telecommunications and the Media	16
Transport	17
Utilities (gas, water etc.)	18
Wholesale Trade	19
Other	00

### Level

Self-employed	1
Employer/Partner	2
Employee (Senior level)	3
Employee (Middle or Junior level)	4
Worker in the home	5
Retired	6
Student	7
Other	0

## Question 16 – Why you are taking the test

For higher education extended course (three months or more)	1
For higher education short course (three months or less)	2
For other education purposes	3
For registration as a doctor	4
For immigration	5
For employment	6
For professional registration (NOT medical)	7
For personal reasons	8
For registration as a nurse (including CGFNS)	9
For registration as a dentist	10
Other	0



### Checklist

- I have signed the Application Form.
- I have provided all the information required.
- I have paid the test fee.  
(Please note that your application will not be processed without this.)
- I have attached a photocopy of my passport / National Identity Card (pages showing personal identification details and expiry date).

## Applications to Recognising Organisations

22 Please give details below of academic institutions/government agencies/professional bodies/employers you would like your result sent to. Add your file/case number if known. Results may be sent either electronically or by post to these organisations. Please complete all details below for the centre to correctly identify Recognising Organisations. The centre may charge a postal fee for results sent internationally or by courier. The Test Report Form will not be sent to migration or education agents. Please note that organisations you have listed below may access your results before you have received or viewed them.

a) Name of person/department

Name of institution/agency/body/employer

File/case number

Address

b) Name of person/department

Name of institution/agency/body/employer

File/case number

Address

c) Name of person/department

Name of institution/agency/body/employer

File/case number

Address

d) Name of person/department

Name of institution/agency/body/employer

File/case number

Address

e) Name of person/department

Name of institution/agency/body/employer

File/case number

Address

# Declaration

1. I acknowledge that the IELTS test is jointly owned by British Council, IELTS Australia Pty Ltd (ABN 84 008 664 766), which is wholly owned by IDP Education Ltd ('IDP:IELTS Australia') and Cambridge English Language Assessment (part of the University of Cambridge), collectively referred to as the IELTS Test Partners.
2. I certify that the information in my application is complete, true and accurate.
3. I understand that the personal data in my application is collected for the purposes of the IELTS test, and I consent for this data to be disclosed to, processed and stored by the IELTS Test Partners for the purpose of such administration. I further consent for this data, including, without limitation, test performance or score data and my test result to be disclosed by the IELTS Test Partners to those Recognising Organisations to which I apply and to governments (including visa processing authorities) for the purpose of allowing these organisations to verify my test result or to carry out enquiries in relation to suspected malpractice. If the IELTS Test Partners discover that a false or altered Test Report Form has been provided to any of these Recognising Organisations or government authorities I further consent that the IELTS Test Partners may inform the same and provide them with my personal data and any relevant details relating to the work I produce as part of my test taking, including, without limitation, test performance or score data.
4. I understand that my personal data may be processed in an anonymous form by the IELTS Test Partners for statistical and research purposes. The IELTS Test Partners and the centre administering the test confirm that they will not disclose personal information about candidates to others except as stated in this Declaration or to the extent permitted by law.
5. I understand that I may view a copy of my personal data contained in the Application Form by contacting [ielts@cambridgeenglish.org](mailto:ielts@cambridgeenglish.org). I understand that a fee will be charged for access to this information.
6. I understand that if I want a copy of my finger scan it can only be provided as a Binary Large Object (BLOB) and the request must be made to [ielts@idp.com](mailto:ielts@idp.com) or [ielts@britishcouncil.org](mailto:ielts@britishcouncil.org). I understand a fee will be charged for access to this information.
7. I understand that if the details on this form are not completed my application may not be processed. I further understand that completing and submitting this Application Form does not guarantee registration on my preferred test date or at my preferred test location. I understand that my registration will be confirmed in writing from the centre.
8. I understand that any personal data collected during the identity verification process by the centre either at test registration or on test day will be processed and securely stored by the IELTS Test Partners for the purpose of the IELTS test. I acknowledge that the photograph taken of me by the centre will be provided to any Recognising Organisations or government authorities (including visa processing authorities) to which I apply for the purposes of allowing these organisations to verify my test results or to carry out enquiries in relation to possible malpractice or test integrity issues. I understand that where finger-scan data is obtained it will not be disclosed to any entity except the IELTS Test Partners.
9. I understand that I will have my photograph taken by the centre to allow the Test Report Form to be released. If I have not had my photograph taken by the centre no result will be issued.
10. I acknowledge that I have read the *IELTS Notice to Candidates* on page i and agree to abide by the rules and regulations contained therein.
11. I understand there may be local terms and conditions I must comply with and that the centre will provide details of these on request.
12. I understand that I must attend all four test components in order to receive an IELTS test result and that any exception to this must be approved in advance by the centre.
13. I understand that the IELTS Test Partners have a responsibility to all candidates and Recognising Organisations to ensure the highest confidence in the accuracy and integrity of test results and that the IELTS Test Partners therefore reserve the right to withhold test results temporarily or permanently, or to cancel test results which have been issued, if they consider those results to be unreliable for reasons of suspected malpractice or any other irregularity in the test process.
14. I understand that my result may not be issued 13 days after the test if any of the IELTS Test Partners deem it necessary to review any matter associated with my test or the administration of my test, including making enquiries as to whether any rules or regulations have been breached. I understand that I may be required to provide additional samples of my writing and speaking for the purposes of assisting any investigation before or after the test. I understand that in exceptional circumstances I may be required to re-take one or more IELTS components.
15. I understand that if I am suspected of engaging in any form of malpractice, or do anything that might damage the integrity and security of IELTS, I may not receive a test result, my test fee will not be refunded and I may be prohibited from taking the IELTS test in the future. Despite and without limiting any of the terms of this Declaration, I understand that details of any malpractice (including evidence of suspected malpractice) that has been established, is suspected, or is being formally investigated may be provided to Recognising Organisations, including visa processing authorities and appropriate regulatory authorities, or otherwise disclosed in accordance with the law, where required for verification purposes or other purposes to protect the IELTS test and its stakeholders against any form of malpractice. I further understand that suspected malpractice will be reported centrally to the IELTS Test Partners and to any relevant test centre by the centre where the suspected malpractice occurred.
16. I understand that if any other person attempts to take the IELTS test in my place, both I and such person will be liable to prosecution. Details relating to the situation will be provided to the relevant authorities, including visa processing authorities and appropriate regulatory authorities.
17. I understand that the work I produce in the IELTS test remains the property of the IELTS Test Partners. It will not be released to candidates or to institutions or organisations, except in the investigation of suspected malpractice whereby my work may be provided to relevant authorities.
18. I understand that my Speaking test will be recorded. I understand that in the event the test does not record I will be required to re-take the Speaking test. I also agree that an observer may attend my Speaking test as part of the monitoring process.
19. I understand that I will be charged the full test fee if I cancel my test or request a transfer within five weeks of the test date, unless I provide appropriate medical evidence, within five days of the test date, to support the cancellation or transfer.
20. I acknowledge that I have read the *IELTS Information for Candidates* booklet.

**Disclaimer:** The International English Language Testing System (IELTS) is designed to be one of many factors used by academic institutions, government agencies, professional bodies and employers in determining whether a test taker can be admitted as a student or be considered for employment or for citizenship purposes. IELTS is not designed to be the sole method of determining admission or employment for the test taker. IELTS is made available worldwide to all persons, regardless of age, gender, race, nationality or religion, but it is not recommended to persons under 16 years of age.

British Council, IDP: IELTS Australia and Cambridge English Language Assessment and any other party involved in creating, producing, or delivering IELTS shall not be liable for any direct, incidental, consequential, indirect, special, punitive, or similar damages arising out of access to, use of, acceptance by, or interpretation of the results by any third party, or any errors or omissions in the content thereof.

Registration form and copy of your passport should be sent to the following email: [ielts@edu-action.uz](mailto:ielts@edu-action.uz)

Signature

Date

d	d	m	m	y	y
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