

**APPLICANT INFORMATION**

*Please complete all sections of this application form in block letters. Put an (X) on the appropriate box.*

Title	Attach passport size photo here
Last Name	
First Name	
Address	

Date of Birth (day/month/year)	Passport / National ID No.
Home Phone No.	Office Phone No.
Mobile Phone No.	Email Address

Gender    Male     Female

Are you currently employed?    Yes     No

If yes, please provide the name and address of the institution where you work:

What level of education have you completed?     Secondary up to 16 years     Secondary 16 to 19 years  
 Degree or equivalent     Post graduate

How many years have you been teaching English?     0     less than 2 years  
 less than 5 years     more than 5 years

Do you have any special needs due to ill health/medical conditions?    Yes     No

If yes, please specify

**PLEASE INDICATE ON WHICH DATE YOU WOULD LIKE TO TAKE THE EXAM**

<b>TEST DATES</b>		<b>LOCATION</b>	
<input type="checkbox"/>	27 August 2016	<input type="checkbox"/> Manila	<input type="checkbox"/> Cebu
<input type="checkbox"/>	15 September 2016	<input type="checkbox"/> Manila	<input type="checkbox"/> Cebu
<input type="checkbox"/>	22 October 2016	<input type="checkbox"/> Manila	<input type="checkbox"/> Cebu
<input type="checkbox"/>	19 November 2016	<input type="checkbox"/> Manila	<input type="checkbox"/> Cebu

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**FOR BRITISH COUNCIL OFFICE USE ONLY**

OFFICIAL RECEIPT NO.

DATE PROCESSED:

AMOUNT PAID :

CASH

MANAGER'S CHEQUE  \_\_\_\_\_

BANK DEPOSIT