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| **TTV No.** |
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for Trinity use only

# Test Trial Venue Application Form

This form is divided into 5 sections. You should complete all sections. Please complete section 4 for each venue that you are applying to register.

Please complete all the questions. If you cannot answer a question, please leave it blank. Answering ‘no’, or leaving a question blank, will not necessarily prejudice your application.

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| 1. **General Information**
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* 1. **Institutional details**

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| --- |
| Official name of the institution (*as it appears on official documents*):Click here to enter text. |
| Trading name of the institution (*as it is known to the public*):Click here to enter text. |
| Which name should the venue be known as?Click here to enter text. |
| Company registration number (if applicable):Click here to enter text. | VAT Number/Fiscal code (or relevant sales tax number) as applicable:Click here to enter text.Please provide a copy of your VAT registration |
| Registered Office Address:Click here to enter text. |
| Town: Click here to enter text. | Province/County: Click here to enter text. |
| Country: Click here to enter text. | Postcode: Click here to enter text. |
| Tel.: Click here to enter text. | Fax: Click here to enter text. | Mobile: Click here to enter text. |
| Email: Click here to enter text. | Web: Click here to enter text. |

* 1. **Legal Representative – this person should have legal authority to act on behalf of your centre and should sign this application**

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| --- |
| Name: Click here to enter text. |
| Address (if different from 1.1)Click here to enter text. |
| Town: Click here to enter text. | Province/County: Click here to enter text. |
| Country: Click here to enter text. | Postcode: Click here to enter text. |
| Tel.: Click here to enter text. | Fax: Click here to enter text. | Mobile: Click here to enter text. |
| Email: Click here to enter text. | Web: Click here to enter text. |

* 1. **Main contact details (must be nominated by the Legal Representative)**

|  |  |
| --- | --- |
| Name: Click here to enter text. | Position: Click here to enter text. |
| Address: Click here to enter text. |
| Town: Click here to enter text. | Province/County: Click here to enter text. |
| Country: Click here to enter text. | Postcode: Click here to enter text. |
| Tel: Click here to enter text. | Fax: Click here to enter text. | Mobile: Click here to enter text. |
| Email: Click here to enter text. | Web: Click here to enter text. |

* 1. **How did you learn about Trinity?**

|  |  |  |
| --- | --- | --- |
| Meeting: [ ]  | Trinity visit: [ ]  | Trinity website: [ ]  |
| Advertisement: [ ]  | Referral: [ ]  | Email: [ ]  |
| Other (please specify): Click here to enter text. |

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| 1. **Which qualification do you wish to offer?**
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|  |  |
| --- | --- |
| **Qualification** | **Estimated number of students** |
| Graded Exams in Spoken English (GESE) Qualifications  | Click here to enter text. |
| Integrated Skills in English (ISE) Qualifications | Click here to enter text. |
| Spoken English for Work (SEW) Qualifications | Click here to enter text. |
| Skills for Life (SfL) Qualifications | Click here to enter text. |

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| 1. **Institutional Profile**
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* 1. **Centre type that best represents your institution (please mark the corresponding box(es) with an X):**

|  |  |  |  |
| --- | --- | --- | --- |
| Music school: [ ]  | Drama school: [ ]  | Dance school: [ ]  | Language school: [ ]  |
| Further Education College: [ ]  | Vocational school: [ ]  | Teacher training centre: [ ]  | University: [ ]  |
| Parent/teacher association: [ ]  | Extracurricular service: [ ]  | Summer school: [ ]  | Other (please specify): Click here to enter text.  |

* 1. **Are you already a Registered Exam Centre with Trinity? If so, please state your Trinity registration number and state which Trinity exams you already deliver**

|  |
| --- |
| Trinity registration number: Click here to enter text.Trinity exam(s) you offer: Click here to enter text. |

* 1. Have you previously been a Registered Exam Centre with Trinity?

|  |  |
| --- | --- |
| Yes: [ ]  | No: [ ]  |
| If yes, when did you cease being a centre? Click here to enter text.What was your centre number (if known)? Click here to enter text. |

* 1. **Does your centre operate year round?**

|  |  |
| --- | --- |
| Yes: [ ]  | No: [ ]  |
| If no, how frequent are your courses?Click here to enter text. |

* 1. **Students at your institution**

|  |
| --- |
| How many students are there at your institution? Click here to enter text. |
| Age range of your students: Click here to enter text. |

* 1. **Do you prepare students for external exams?**

|  |  |
| --- | --- |
| Yes: [ ]  | No: [ ]  |
| If so, for which exam boards?Click here to enter text. |

* 1. **Do you act as an exam centre for other exam boards?**

|  |  |
| --- | --- |
| Yes: [ ]  | No: [ ]  |
| If so, for which exam boards?Click here to enter text. |

* 1. **Does your centre hold any current accreditation that might be relevant to the exams you wish to offer?**

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| --- | --- |
| No: [ ]  | Yes (please give details): [ ] Click here to enter text. |

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| 1. **Test trial Venue**
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**Trinity’s requirements for test trial venues are listed on page 6 of this document. By applying, you warrant that your test trial venue meets all relevant listed requirements for the test trials you wish to offer.**

**A floor plan or photograph of each test trial room, in test trial setting, must be provided with this application.**

Please complete this section for each test trial venue that you wish to register for test trials.

* 1. **Test trial venue details**

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| --- |
| Address: Click here to enter text. |
| Town: Click here to enter text. | Province/County: Click here to enter text. |
| Country: Click here to enter text. | Postcode: Click here to enter text. |
| Tel.: Click here to enter text. | Fax: Click here to enter text. | Mobile: Click here to enter text. |
| Email: Click here to enter text. | Web: Click here to enter text. |

* 1. **Is the test trial venue your permanent location?**

|  |
| --- |
|[ ]  Permanent location  |
|[ ]  Temporary for the period of the test trials only |

* 1. **Is there public liability insurance for the test trial venue?**

|  |
| --- |
| Yes: [ ]  No: [ ]  |

* 1. **Access, amenities and transport links for this test trial venue**

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| --- |
| Do you have disabled access at the venue? Yes: [ ]  No: [ ]  |
| If so, please describe what amenities you provide for disabled students:Click here to enter text. |
| Is your venue serviced by transport options? Please specify available transport:Click here to enter text. |

* 1. **Estimated number of candidates to the test trial venue per annum**

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| --- |
| Click here to enter text. |

* 1. **Test trial sessions – please indicate your preferences with a tick**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Jan: | Feb: | Mar: | Apr: | May: | Jun: | Jul: | Aug: | Sept: | Oct: | Nov: | Dec: |
|[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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| 1. **Declaration**
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I, the undersigned, declare that the information supplied in this Application Form and the accompanying documents is correct and true and I agree to fulfil the rules and regulations surrounding the correct administration of a Test Trial Venue and test trials offered by Trinity College London as detailed in the corresponding Syllabuses, Specifications, Rules and Regulations and Test Trial Handbooks.

I warrant that the proposed test trail venue(s) meet all of Trinity’s venue requirements which are attached to this application.

I confirm that if there is any change to the information already provided, I will inform Trinity immediately by emailing the relevant [National Representative](http://www.trinitycollege.com/contact/).

I warrant that I have authority to sign this form on behalf of the centre.

|  |  |
| --- | --- |
| **Legal representative** |  |
| Signature: | Signed by: |
| **Date:** | **Stamp (if applicable):** |
|  |  |

Thank you for filling in this application. We will send you the result of your application as soon as possible. If your application is accepted, you may receive the contract by mail or by email. Where the contract is received by mail, it should be signed in duplicate with one copy returned by post to Trinity College. Where you receive the contract by email please follow the instructions contained in the email to sign the contract. Any personal data collected under this form will be used for the purpose of processing this application and managing your subsequent relationship with us as a Test Trial Venue. Except as agreed by you or where required by law, Trinity will not disclose such personal information to third parties other than persons involved in the provision of examination services to Trinity or for statistical purposes. By submitting this application form, you consent to the processing of this personal data for the above purposes.

**VENUE REQUIREMENT CHECKLIST**

You can assess if your centre will meet Trinity’s exam Venue Requirements by going through the checklists that apply to your chosen exams and venue. Please note that more than one checklist may apply.

**Checklist for all exams, practical and written**

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| Separate waiting room provided (for practical exams in music and drama, this **must not** be adjacent to the exam room) |[ ]
| Printing facilities for exam materials, e.g. appointment slips as required | [ ]   |
| Internet wifi access for examiners (desirable, not compulsory) |[ ]

**Checklist for all written exams only**

**Guidelines for the written exam room layout is available** [**here**](http://www.trinitycollege.com/resource/?id=7450)**.**

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| --- |
| Number of exam rooms available |[ ]
| Total candidate capacity of exam rooms, when the room is set up in exam layout |[ ]
| Secure (lockable) storage for exam papers |[ ]
| Storage area for candidate belongings? (bags, etc.) |[ ]
| Desks and chairs available for invigilators |[ ]
| Individual desks and chairs for candidates |[ ]
| Wall clock visible to all candidates |[ ]
| Whiteboard / blackboard visible to all candidates |[ ]

**Checklist for all spoken Language exams**

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| --- |
| Electrical supply in each exam room |[ ]
| Table and two chairs for examiner and candidate to conduct interviews |[ ]
| FOR SEW only:Two interview rooms connected by telephone |[ ]
| Exam room with wireless internet desirable, not compulsory) |[ ]