

Application for registration as a Trinity Exam Centre

Which exams (do you wish to offe	r?	
JK ESOL Skill	s for Life		
	, regulated by Ofqual and ntended for anyone aged		
JK ESOL Step	1 and 2		
	, these exams are intende ing skills in English have i ork.		
For office us	e		
	e d application received:		

2	Contact details – For general corresponde	ence (must be completed)
	Name of institution:	
	Full address of exam venue:	
	Tel:	Fax number:
	Website:	
	Exam administration contact – Main Uk	
	Name:	,
		300 title
	Direct line:	
	Fax number:	email:
	Academic contact – Responsible for deliv	rering UK ESOL exams
	Name:	
	Full address if different from above:	
	Direct line:	Alternative tel:
	Fax number:	email:
	Finance and payment contact	
	Name:	Job title:
	Full address if different from above:	
	Direct line:	Alternative tel:
	Fax number:	
	Delivery of exam materials (and other s Name:	
		Job title.
	Direct line:	
	Fax number:	email:

School/Institution profile

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Please tick the type of institution that best represents your organisation.

UK ESOL				
ESOL department in a further education college		Voluntary or community organisation		
EAL department in a mainstream school		Adult Education Service		
Jobcentre plus partner provider		Other private training provider		
Work-based* ESOL provider		Other (please specify)		
*If the exam will be held at a	venue other than	that detailed in section 2, pl	ease advise:	
Has your centre been insp	-		pected your institution:	Yes/No
a) Are you already a regis	stered exam cent	re for: GESE/ISE/TESOL/	Music or Drama?	
b) No. of teachers:				
Minimum/Maximum qualif				
Approximate no. of studen	its of English:			
Age ranges: fromye	-			
Percentage of: adults:	teenagers	s:children:		
Courses available				
Course types: all year rour	nd/term-time onl	y/summer-time/other (ple	ease describe) (delete as	
appropriate)				
appropriate)				
Course length:				
appropriate) Course length: Approx. levels: Do you offer Teacher Trair				
Course length: Approx. levels: Do you offer Teacher Train	ning courses?	Yes/No		
Course length: Approx. levels:	ning courses?	Yes/No		
Course length: Approx. levels: Do you offer Teacher Train If yes, please give details:	ning courses? er ESOL exams?	Yes/No Yes/No		

5	Other information
	How did you hear about Trinity? (eg event/Trinity visit/website/advertisement/referral etc)
	Tick here if you would like to receive regular updates about Trinity exams. Proposed date of the first session:
6	Declaration
	I declare that the information supplied above is true. I agree to abide by the rules and regulations governing the conduct of exams offered by Trinity College London as detailed in the relevant Code of Practice, guide or handbook.
	Academic contact:
	Signed:
	Name : Date:
	Exam administration contact:
	Signed:
	Name : Date:
	Organisation stamp:

Please scan and email this application form, along with a signed Trinity Online user request form, to your National/Area Representative's office or, if you are based in the UK, to esol@trinitycollege.com

Information about National and Area Representatives can be found at www.trinitycollege.com/worldwide

Thank you for taking the time to complete this application form. Trinity College London reserves the right to request further information to support your application. If your application is successful, you will receive a registration pack.