

Entry form for diploma examinations in LTCL Diploma TESOL

Candidate no: _____

Candidate name: _____

For office use only

No. of entries: _____

ID stamp: _____

Date to IS: _____

Completing this form

Please read carefully the notes alongside each section.

Please use BLOCK CAPITALS throughout, except for the signature. Please write in black ink.

A separate form must be used for each candidate. Where permitted in the regulations, candidates may use this form to enter for all parts of the LTCL TESOL diploma. If the examinations happen at different times (different months), this must be stated as early as possible in Section C.

Send completed entry forms to your local representative. Do not send entries to Trinity's Head Office (except for London centre and independent candidate entries).

A Candidate details

Title: (circle one) Mr Mrs Ms Miss

Family name: _____

First names: _____

Address: _____

Postcode: _____

Tel: (day) Area code _____ No. _____

(evening) Area code _____ No. _____

email: _____

Date of birth ____ / ____ / ____ Male / Female ____ Special needs? ____
(DD/MM/YY) (M or F) (Please tick, then give details in section D)

If you have entered for any part of a Trinity diploma before, please give candidate number: _____

Notes

Complete ALL sections of this form. Failure to do so may result in your application not being accepted.

This form, along with the appropriate fee, must be sent to the course provider with whom you are studying.

This form must be received by Trinity by the stated closing date. Surcharges will be applicable on all late entries. Late entries may not be accepted.

All communications will be sent to the candidate and will be sent to the address given here. Trinity College London cannot accept responsibility if the information given is inaccurate.

Please give telephone numbers at which the candidate can normally be contacted.

About the examination

Write in the name of the centre at which you want to take the examination.

Give the date, month and year of the examination session for which you are entering.

Candidate's details

The candidate's family name should be entered on the first line, then the FULL name (including the family name) as required on the certificate.

Write in date of birth and gender. (This information is required for statistical purposes only and is not communicated to the examiner or any third party.)

Tick the box if the candidate has any special needs requirements. Further details must be given in Section F.

If you have entered for any part of a Trinity examinations before, you should enter your candidate number here. We will have this on record and it will help us to process your entry more efficiently.

B About the examination

Centre name: _____

Centre number: _____

Date and month of examination: _____ Year: _____

C Examination details

Date when Diploma course commenced:

____ / ____ / ____

Parts of the examination to be taken

Written examination	Scheduled date of examination	Fee
Part 1 – Written paper		

Practical examination	Scheduled date of examination	Fee
Part 2 – Coursework Portfolio		
*Part 3 – Oral		
*Part 4 – Classroom Practice		

* Candidates taking **Parts 2, 3 and 4** are frequently examined together. Please give the name and address of the institution where the class for examination will be taught:

Name of Director of Studies: _____

Name of institution: _____

Address: _____

Tel: Area code _____ No. _____

email: _____

Time of class: _____

Suggested date of examination: _____

Examination details

Give the examination title as shown in the syllabus, and name the subject.

If you want to enter for more than one part in the same session, check first that this is possible.

Show the fee for each part entered, and indicate the type of fee:

F Full fee

H Half-fee re-entry (this must be accompanied by a valid re-entry permit)

S (see surcharge on fee on current list)

If you are entering for more than one part, write the details in here.

N.B. Trinity College London may not be able to accept the arrangements suggested and reserves the right to make alternative arrangements.

D Special needs candidates

Disability (e.g. partially sighted): _____

Requirement (e.g. large-print sight reading): _____

Braille certificate required?: Yes / No (please circle your answer, e.g. **Yes**)

Please include a letter with your entries to explain the nature of the disability in as much detail as possible. First-time entries for dyslexic candidates must be accompanied by a copy of a current psychologist's report.

Notes

Special needs candidates

Please indicate the requirements of candidates with special needs.

Please consult the *Provision for candidates with special assessment needs* booklet for details of the provision that is available.

It is helpful if a letter giving full details of the disability accompanies the entry.

E Your Education

Degrees held or equivalent qualifications and experience being claimed (**write in qualification and date obtained**)

Institution / organisation: _____

Contact name: _____

Qualifications /
proof sighted by centre: _____

The regulations require that you have at least 2 years' recent full-time or equivalent experience of teaching English to speakers of other languages. Full-time is defined as 32 or more weeks of 15 hours per week. Part-time experience must total no less than 480 hours (28,800 minutes). Teaching experience must be completed before starting study for the LTCL Diploma TESOL. All claimed teaching experience must have occurred within six years of the date of the first examination. No more than one year's break may have been taken.

List your teaching qualifications below:

Qualification	Year	Awarding body
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your teaching experience below:

1) Institution name: _____

Contact name: _____

Address: _____

_____ Postcode _____ Country _____

Employed from (give month and year): _____ to _____

Number of class teaching hours per week _____ x number of weeks teaching _____ =

Total number of hours taught = _____

2) Institution name: _____

Contact name: _____

Address: _____

_____ Postcode _____ Country _____

Employed from (give month and year): _____ to _____

Number of class teaching hours per week _____ x number of weeks teaching _____ =

Total number of hours taught = _____

3) Institution name: _____
Contact name: _____
Address: _____
_____ Postcode _____ Country _____
Employed from (give month and year): _____ to _____
Number of class teaching hours per week _____ x number of weeks teaching _____ =
Total number of hours taught = _____

4) Institution name: _____
Contact name: _____
Address: _____
_____ Postcode _____ Country _____
Employed from (give month and year): _____ to _____
Number of class teaching hours per week _____ x number of weeks teaching _____ =
Total number of hours taught = _____

F Data protection declaration

Candidates full name: _____

Qualification: _____

Centre name: _____

I hereby give consent for my successful completion of the LTCL TESOL Diploma to be announced in the National and International Press. Yes ☐ No ☐

Signature: _____

Date: _____

G Total fees and declaration

Payment of _____ is enclosed for total fees.

I declare that the information given above is correct. I enclose the appropriate fee and agree to abide by the regulations of Trinity College London as stated in the revised syllabus for LTCL Diploma TESOL and I fulfil the eligibility requirements as detailed above.

Signature: _____

Date: _____

Total fees and declaration

Write here the total fees covered by all entry forms being submitted.

The person named in Section A must sign and date each form. This constitutes an agreement to abide by Trinity College London's examination regulations which are published in the syllabuses.

Examination fees are printed on a separate sheet enclosed with this entry form. If the fee sheet is missing, another copy may be obtained from your local Trinity representative or from Trinity College London's Head Office.