



Name:

Address:

Address:

County:

Post Code:

Telephone No:

**Examination Centre:**

Address

Post Code

Exam date:

**Please enter your candidates in the order you would prefer them examined and we will endeavour to comply. Please use a new continuation form for each teacher.**

Teachers

Name:

Telephone No:

Address:

Post Code:

Subject <i>Please use abbreviation</i>	Grade <i>Please abbreviation</i>	First Name	Last name	Fee £	Office use only
		<i>Please enter the candidates names as it is to appear on the certificate</i>			
RDG	G1	Richard	MacDonald		
<b>I would like my name, plus up to 2 qualifications, shown on the certificates as follows:-</b>			<b>Total fees this sheet</b>		

A candidate, unable to attend owing to illness, must submit a medical certificate to the academy or their local representative not less than 24 hrs before the examination.

The candidate may attend at the next examination session on payment of one half the fee. In no circumstances will fees be returned. Candidates absent for any reason other than illness can only enter again by paying the full fee.



**Continuation Sheet.**

**Sheet No: -**

**Teachers name if different from main sheet:**

**Address:**

**Telephone No:**

Subject <i>Please use abbreviation</i>	Grade <i>Please use abbreviation</i>	First Name	Last name	Fee £	Office use only
		<i>Please enter the candidates names as it is to appear on the certificate</i>			

