BRITISH COUNCIL

School Exams Health Form

Please tick relevant exam board

Cambridge	
Edexcel	

Please ensure that your contact details and information provided are accurate and all necessary documents are attached to this form in order to prevent any delay in processing your application.

Name in capital letters*

Date of Birth*						Gender*	ID Type*	ID Valid until*					
DD		MM		YYYY		O Male	O Passport	DD		MM		YYYY	
						O Female	O Civil ID						

Civil ID / Passport Number

This ID must be brought to the examination venue.
All candidates are required to attach a copy of their valid Passport and Kuwaiti Civil ID.

Contact details (Please use numbers that are attended at all times)

Telephone																							
Mobile																							
Email																							

Please specify your special needs here:

I understand that all special needs requests are subject to approval from CIE.
I confirm that the information provided is true and accurate to the best of my knowledge.

CANDIDATE SIGNATURE		DATE	

☐ **BY TICKING THIS BOX, YOU ARE AGREEING TO RECEIVE FURTHER DETAILS OF THE BRITISH COUNCIL ACTIVITIES, SERVICES, PROMOTIONS AND EVENTS.**