



College of Excellence

CIELT Registration Form

Please attach your
passport size
photograph here.

Please complete the form in the CAPITAL LETTERS. Send your completed form to the address below,

College of Excellence Stanford House, Oldfield Lane North Greenford, London, Middlesex UB6 0AL

Ph: +44 (0)208 5755145 Fax: +44 (0) 845 388 0328 E-Mail: cielt@coex.org.uk

PERSONAL INFORMATION		Preferred date of test		Second Choice	
Title (Ms/Mr/Mrs/Dr.)	First Name		Last Name / Family Name		
Other Name	Nationality	Gender		Date Of Birth (DD/MM/YYYY)	
Full Address					
				Post Code	
Phone (Day Time) / Mobile		Phone (Evening)		E-Mail	
YOUR ID					
<input type="checkbox"/>	Passport	<input type="checkbox"/>	Driving License	P. No. / L. No.	
TEST CATEGORY					
<input type="checkbox"/>	Tier 1 (HSMP)		<input type="checkbox"/>	Tier 2 (Work permit)	
<input type="checkbox"/>	Spouse				
DECLARATION:					
I certify that the information I have provided in this form is to the best of my knowledge accurate and legitimate, I have read and agree with the terms and conditions of CIELT.					
Signature of Applicant:				Date:	

FOR COEX USE ONLY					
Test Date	ID checked <input type="checkbox"/>		Registration Number		
First Attempt <input type="checkbox"/>	Second Attempt <input type="checkbox"/>	No of Attempts <input type="checkbox"/>			
Receipt No	Paid <input type="checkbox"/>	Date			
Referred By	Fast Track <input type="checkbox"/>		Same Day Service <input type="checkbox"/>		
Level Achieved	Certificate dispatched date/Collected By Whom				