



Application Form

For PBSET-TD*

*Point Based System English Test for Partner

PLEASE WRITE IN BLOCK CAPITALS USING A BLACK PEN

Please glue one recent passport sized photo on a white background here	Enclose one identical passport sized loose in the envelope with your name on the back
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PERSONAL INFORMATION			
Surname <small>(surname must be the same on your passport)</small>			
Title		(Dr / Mr / Mrs / Miss / Ms)	
Given Names <small>(these names must be the same on your passport and must appear in the same order)</small>			
Passport Number			
Telephone/Mobile Number			
E-mail Address			
Date of Birth	dd/mm/yyyy	Gender	
Country of Origin		Nationality	
First Language		Job Title	
Address in the UK		If you want the certificate to go to another address, please supply it here:	
.....		
.....		
Postcode		Postcode	
Partner's Address in the UK		Home Address outside the UK	
.....		
.....		
Postcode		Postcode	

Dependent Status	Husband <input type="checkbox"/>	Wife <input type="checkbox"/>
	Civil partner <input type="checkbox"/>	Fiancé(e) <input type="checkbox"/>
	Proposed civil partner <input type="checkbox"/>	
	Unmarried partner <input type="checkbox"/>	
	Same-sex partner <input type="checkbox"/>	
TEST INFORMATION		
CEFR A1 level – Speaking and listening only (minimum requirements) <input type="checkbox"/>		
Preferred Date of Test		Second Choice
Have you ever taken the PBSETT2 before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what was your most recent date?
Do You Have Any Special Needs for the Test? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes – you will need to submit evidence)		Your Payment Method Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Card <input type="checkbox"/> Please fill the page 3 if you would like to pay by cash or card*
Time of Test: LONDON 3pm <input type="checkbox"/>		LEEDS 10am <input type="checkbox"/> 1pm <input type="checkbox"/>
Do you want to join the AOC members club? Keep up to date with news and events! The AOC members club will send you regular information about immigration news, new courses and send you information about up and coming jobs. I want to join the AOC members group <input type="checkbox"/> I do not want to join the AOC members club <input type="checkbox"/>		

I declare that I have read and understood the PBSET Rules and Regulations. I understand that if this application form is filled out incorrectly, or it is incomplete, it may delay my results being issued regardless of whether I have requested express results.

Signature: _____

Date: ____ / ____ / ____

PAYMENT BY CARD

Please complete the details below if you wish to pay my card or cash. If you are paying my cash no monies will be taken unless you fail to turn up to the PBSET without prior cancellation in line with the Rules & Regulations.

Type of Card	<input type="checkbox"/> Switch <input type="checkbox"/> Credit Card <input type="checkbox"/> Solo <input type="checkbox"/> Debit	
	LEEDS	LONDON
PBSET T2 Test Fee	£120.00 <input type="checkbox"/> <small>(three weeks for results)</small>	£250.00 <input type="checkbox"/> <small>(three weeks for results)</small>
Awareness Fee	£120.00 <input type="checkbox"/> <small>(one day session)</small>	£200.00 <input type="checkbox"/> <small>(one day session)</small>
Emergency Fee	£120.00 <input type="checkbox"/> <small>(special date)</small>	Service not offered
Express Service	£50.00 <input type="checkbox"/> <small>(one week for results)</small>	£75.00 <input type="checkbox"/> <small>(one week for results)</small>
Total Amount	£ .00	
Card Number	_ _ _ _ _ _ _ _ _ _	
Name on the Card		
Issue Number		
Valid From	_ _ / _ _ (Month / Year)	
Expire Date	_ _ / _ _ (Month / Year)	
3 Security digits	_ _ _ (on the back of your card)	
Billing Address		
Card Holder's Authorisation Signature		