



REGISTRAT	ION FORM			
Teaching Knowledge Test TKT				
Please fill in "BLOCK LETTERS". Limit your name to fit the boxes, please leave a box empty between the names				Please attach
First Name:				Your Photo
Family Name:				here
Date of Birth:		Gender:		
Address:				
Email Address:				
Telephone 1:**		Telephone 2:**		
ID Number:		Nationality:		
Date of Exam:		Candidate Number		
Please Tick the level of exam you are taking:				
 Testing Knowled Testing Knowled Testing Knowled 	ge Test Module 2	 TKT: Content and Language Integrated Learning – CLIL TKT: Knowledge about Language – KAL TKT: Young Learner TKT: Practical 		
Any Other Exams (Specify):				
-	Module before? □ Yes □ No ur Cambridge Candidate Identifier			
Do you have a permanent disability, such as a visual, hearing or specific learning difficulty, which requires special arrangements (for example, modified material, extra time, use of technology, etc.)? □ No □ Yes (If Yes please specify below)				
	personal information you give on t , 1998.We may also use your perso			
Please sign here to	confirm that you understand and a	gree to these conditio	าร	
Signature:		Date	:	
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Office	Exam fee: Date of Payment:			
use only	Receipt No			
	Administrator's initial:			

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