

Candidate test day photo registration and consent form – 17 and under

Candidate and exam details

Exam Centre*	British Council Budapest HU001
First name(s)	
Surname	
Date of birth	<i>(DD/MM/YYYY)</i>
Selected exam and exam format (e.g. FCE – PB/CB**)	
Exam date (written part)	<i>(DD/MM/YYYY)</i>

**The exam centre in Hungary is always the British Council (incl. exams held in other venues).*

***PB: Paper-based, CB: Computer-based*

Declaration:

I am the parent/legal guardian of the candidate named on this form and I give consent to this person taking the Cambridge English exam selected above.

I understand that all individuals who want to take a Cambridge English exam are required to agree to all of the Terms and Conditions (a copy of which has been provided by the centre).

I agree to the candidate being admitted for the selected Cambridge English exam at the centre listed on this form and for the date listed here. The candidate will bring a valid photo ID with them on the test day, and I consent to them having their photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge English Language Assessment Results Verification site and viewed as set out below if I give my agreement on behalf of the candidate.

The photo shall only be available to organisations/individuals that I agree to Cambridge English Language Assessment giving the candidate's details to or authorise to view the candidate's result.

By signing this form I declare that I am aware of and agree to comply with the Terms and Conditions for this exam.

	Signature	Date
Parent / Guardian (PRINT NAME): _____		
Candidate:		