OET LEARNING CENTER

گروه آموزشی OET ایران

پزشک و پزشکی ایران را جهانی می کنیم

لطفا فرم زیر را تکمیل کرده و به شماره فاکس و یا ایمیل ما ارسال فرمایید. توجه فرمایید که هیچگونه ثبت نامی بدون تاییدیه کتبی کامل نشده است.

Application form

Please return to:

(Centre stamp)

*please attach a recent passport-sized photograph here **securely** (Note: the photograph must not be more than 6 months old)*

*please attach a second identical signed passport-sized photograph here **using a paper clip***

PLEASE WRITE IN BLOCK CAPITALS

1. Preferred date of test d d m m y y second choice d d m m y y
2. Last (family/surname) name
3. Title (Dr/Mr/Mrs/Miss/Ms)
4. First (given) name(s)

(These names must be the same as the names on your passport/National Identity Card and must appear in the same order.)

5. Address: Please note you will only be sent **one** copy of your results. Please ensure the correct mailing address is given, since your results will be sent to this address.
6. Telephone/Mobile number
7. Email
8. Date of birth d d m m y y
9. Gender **F** **M** (circle as appropriate)
10. Please indicate which document you will be using as proof of identity and give the number below.
Candidates taking the test outside their own country must present a current passport.
You must bring the ID document indicated below to the test. This is the only form of identity that will be accepted on the test day. The document must be valid/not expired at registration and on the test day.

Passport ☐ National Identity Card ☐

Passport or National Identity Card number

For office use only

scheme test date d d m m y y

date of payment d d m m y y receipt number

ID checked Administrator's initials

AC ☐ GT ☐

11 Country or region of origin (code)

Country or region of origin (name)

12 First language (code)

First language (name)

13 Occupation (sector) if other, please specify

Occupation (level) if other, please specify

14 Why are you taking the test? if other, please specify

15 Which country are you applying to/intending to go to? (tick one box only)

Australia Canada New Zealand Republic of Ireland United Kingdom

United States of America other, please specify

16 Which Profession of OET test are you taking?
Training

17 Have you taken OET before? yes no

18 Most recent OET test details: Centre name

Centre number date d d m m y y

19 Where are you currently studying English (if applicable)?

20 What level of education have you completed? (tick one box only)

secondary up to 16 years secondary 16–19 years degree or equivalent post-graduate

21 How many years have you been studying English? (tick one box only)

1 (less than) 2 3 4 5 6 7 8 9 or more

22 Do you have any special requirements due to ill health/medical conditions? yes no

If yes, please specify your requirements below. You must attach supporting medical evidence to this form.

Requests for modified test materials must be submitted at least 3 months before the test.