



For PBSET-T2*

*Point based System English Test Tier 2

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			
Family Name			
Title		(Dr / Mr / Mrs / Miss / Ms)	
Given Names (these names must be the same on your passport and must appear in the same order)			
Passport Number			
Home Address			
Postcode			
Telephone/Mobile Number			
E-mail			
Date of Birth	dd/mm/yyyy	Gender	
Country of Origin		Job Title	
First Language			

TEST INFORMATION

Please tick below which Tier 2 test is appropriate for your application

A1 – General, ICT and Sports People

B2 – All categories

Preferred Date of Test

Second Choice

Have you ever taken the PBSETT2 before?

Yes No

If yes, what was your most recent date?

If yes, what was your most recent candidate number?

If yes, what were the results?

Listening _____ Reading _____ Writing _____ Listening _____ TOTAL _____

Do You Have Any Special Needs for the Test?

(if yes – you will need to submit evidence)

Your Payment Method

Cash

Cheque

Card

Please fill the page 3 if you would like to pay by card*

Do you want to join the AOC members club?

The first year free! 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

I do not want to join the AOC members club

For office use only

Test Date:

Date of Payment:

ID Check: Yes / No

Officer Number:

I declare that I have read and understood the PBSET Rules and Regulations.

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	£150.00 <input type="checkbox"/> (three weeks for results)	£250.00 <input type="checkbox"/> (three weeks for results)
Awareness Fee	£150.00 <input type="checkbox"/> (one day session)	£200.00 <input type="checkbox"/> (one day session)
Emergency Fee	£150.00 <input type="checkbox"/> (special date)	-----
Express Service	£50.00 <input type="checkbox"/> (one week for results)	£75.00 <input type="checkbox"/> (one week for results)
Total Amount	£ .00	
Card Number	-----	
Name on the Card		
Issue Number		
Expire Date	__ / __ (Month / Year)	
3 Security digits	__ __ __ (on the back of your card)	
Billing Address		
Card Holder's Authorisation Signature		