**The**

**Tutorial Foundation**

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Founder: G W Rossiter, M.A. Magdalene College, Cambridge

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| --- | --- | --- | --- | --- |
| Candidate’s first name(s) |  | | | |
| Candidate’s surname |  | | | |
| Date of birth | | | Age | Male/ Female |
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| Place of study  (i.e. name of school/ I.C.S./O.O.L. etc) | | Year | Email address | |
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| Bill Payer’s Name (if applicable) | Unique Candidate Identification (UCI) Number |
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| Address (incl. postcode) | Telephone Number(s) |
|  | Home :  Mobile :  Work : |

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| Exam Board  (AQA, Edexcel,  OCR, Cambridge…) | Level  (GCSE,  AS/A2,  F Skills) | Subject  (Maths, English, Spanish…) | Syllabus  Code  (e.g. 4365,  0580…) | Option  Code  (e.g. F, H,  AX, BX) | Retake  (Yes  or No) | Practical,  Coursework  (Yes or No) |
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| Please circle the exam series you wish to sit. | OCT-NOV  2019 | JANUARY  2020 | MAY/ JUNE  2020 |

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| **FUNCTIONAL SKILLS EXAMS ONLY**  Please indicate which session you would prefer | Oct/Nov ; Jan ; March ; June |

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| Are there any medical conditions of which we need to be aware? If yes, please give details. |  |

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| Have you had Access Arrangements previously?  If yes, please give details. |  |