**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 |
|    |  |  |
| 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…)  | SyllabusCode(e.g. 4365,0580…) | Option Code(e.g. F, H,AX, BX) | Retake(Yesor No) | Practical,Coursework(Yes or No) |
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| Please circle the exam series you wish to sit. | OCT-NOV2019 | JANUARY2020 | MAY/ JUNE2020 |

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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. |  |