

SIEVEMK GATEWAY

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PLEASE COMPLETE USING BLOCK CAPITALS

Complete One Application Form Per Examination Series

Candidate Details

| | |
|------------------|-------------|
| First name: | Surname: |
| Date of birth: | Gender: M/F |
| Mobile number: | Email: |
| Address: _____ | |
| Post code: _____ | |

EXAM TYPE AND SERIES

| Exam | Select Series | |
|-----------------------------|------------------------|-------------------|
| GCSE/IGCSE | May/June | Nov |
| AS/A-LEVEL | May/Jun | |
| OCR STEP MATHS | May/Jun | |
| MOCKS | ONDEMAND | |
| ISEB COMMON PRE-TESTS | ON-DEMAND | |
| CAT 4 ASSESSMENTS | ON-DEMAND | |
| FUNCTIONAL SKILLS (EDEXCEL) | ONDEMAND (Paper-based) | ONDEMAND (Online) |

Do you require access arrangement- Y/N

If Y, What type? _____

Evidence will be required so we can process your request.

| Exam Board | Subject | Tier (if applicable) | Entry Code | Number of Papers | For office use only |
|-----------------|--------------------|----------------------|-------------|------------------|---------------------|
| <i>e.g. OCR</i> | <i>Mathematics</i> | <i>Higher</i> | <i>J560</i> | <i>3</i> | |
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UNIQUE CANDIDATE IDENTIFIER NUMBER (UCI): Write CREATE NEW if you have NO UCI Number. For exam components such as coursework/fieldwork/practicals that are being carried over, you Must use previous UCI number from your Statement of Results provided from your school or previous exam centre.

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Signature: _____ Date: _____

Ground Floor, 599 Avebury Boulevard, Milton Keynes, MK9 3HR
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IMPORTANT!

1. A **VALID PHOTO ID** is required for registration.
2. **FEES DIFFER IF ACCESS ARRANGEMENTS** are required. We will inform you of the fees once we receive your form.
3. Evidence (**EHCPs, MEDICAL REPORTS, FORMS 8 OR 9** etc...) will be required so we can process your request.
4. **ALL FEES ARE NON-REFUNDABLE ONCE YOUR APPLICATION IS RECEIVED AND PROCESSED.**
5. Completed forms together with photo ID should be emailed to info@sievemk.org.uk

Fees: See website- <https://www.sievemkgateway.org.uk/exam-provsn>