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**			
Functional Skills (AQA & EDEXCEL)	**Jan**	**Mar**	**May**	**Nov**
Functional Skills (EDEXCEL)	**ONDEMAND (Paper-based)**			
Functional Skills (EDEXCEL)	**ONSCREEN (Online)**			

Do you require access arrangement- Y/N

If Y, What type? _____

Exam Board	Subject	Tier (if applicable)	Entry Code	Number of Papers	For office use only
e.g. OCR	*Mathematics*	*Higher*	*J560*	*3*	

UNIQUE CANDIDATE IDENTIFIER NUMBER (UCI): Write CREATE NEW if you have NO UCI Number.
Re-sitting examinations you MUST use previous UCI number from your Statement of Results provided from your school or previous exam centre.

Signature: _____ **Date:** _____

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IMPORTANT!

1. A **VALID ID** photo is required for registration.

2. **FEES DIFFER IF ACCESS ARRANGEMENT** is required. We will inform you of the fees once we receive your form.

3. Please note that the above **FEES APPLY UNTIL THE FIRST REGISTRATION DEADLINE.**

4. Evidence (**EHCPS, MEDICAL REPORTS** etc…) will be required so we can process your request.

5. **ALL FEES ARE NON-REFUNDABLE ONCE YOUR APPLICATION IS RECEIVED.**

6. **Completed forms together with photo ID should be emailed to info@sievemk.org.uk**

Fees: See website- https://www.sievemkgateway.org.uk/exam-provsion