 

**Cambridge English exams application form 2020**

Please complete the grey areas electronically or in block capitals. To submit the application: print it out, sign and deliver to the English Department: **Ms. Jana Táborská**, **391NB** at Žižkov or **266JM** depending on her office hours or send via email to [taborska@vse.cz](mailto:taborska@vse.cz).

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| --- | --- |
| **Name:** | **VŠE Students:**  **Faculty:**  **ID Number (from InSIS):** |
| **Surname:** |
| **Date of birth:** | **Gender:**  male  female |
| **E-mail:**        We advise you to add the following address to the list of safe senders to ensure that you receive your timetable details **@cambridgeesol.org**. | **Telephone No:** |

**Type of exam and date:**The written part of all the following exams is **computer based** and takes place at Žižkov.

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| --- | --- | --- | --- | --- | --- |
| **Tick** | **Examination** | **Date** | **Tick** | **Examination** | **Date** |
|  | B2 First - FCE | 11.1.2020 |  | C1 Advanced - CAE | 23.5.2020 |
|  | C1 Advanced - CAE | 18.1.2020 |  | B2 First - FCE | 17.10.2020 |
|  | C2 Proficiency - CPE | 29.2.2020 |  | C1 Advanced - CAE | 24.10.2020 |
|  | C1 Business Higher | 9.5.2020 |  | C2 Proficiency - CPE | 21.11.2020 |
|  | B2 Business Vantage | 9.5.2020 |  | B2 Business Vantage | 11.12.2020 |
|  | B2 First - FCE | 23.5.2020 |  | C1 Advanced - CAE | 4. 4. 2020 |

**Payment**

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| Postal Order (složenka typ A)  OR  Bank transfer | **Bank:** Česká spořitelna, a.s. Praha 4 **Account:** VŠE, nám. W. Churchilla 4, Praha 3 **Account No.:** **1828782/0800**  **Variable code: 202021**  **Poznámka: candidate´s name, exam, date of exam** |
| A candidate will not be registered unless they attach a valid proof of payment (detachable slip of your Postal Order (ústřižek složenky) or a copy of the Bank Statement (bankovní výpis) – not a bank transfer order (ne příkaz k úhradě)) to this Application form. | | |

**Please turn over for fees and conditions of registration:**

**Examination Fees (valid until June 30th 2020)**

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| --- | --- | --- | --- |
| BEC Preliminary | CZK 3,700 | FCE | CZK 4,700 |
| BEC Vantage | CZK 4,700 | CAE | CZK 4,900 |
| BEC Higher | CZK 5,000 | CPE | CZK 5,000 |

**Conditions of registration**

In case of illness, the candidate can be re-registered for the next available examination date without extra charges, as long as a medical statement is provided within three days after the exam date. A 50% refund may be granted if the candidate is unable to take the exam due to illness, which must be proved by a medical statement presented no later than three days after the date of the exam.

A 70% refund will be granted if the candidate cancels the registration before the end of the regular Cambridge registration period (usually a week before the exam date).

In case there is an insufficient number of candidates registered for a specific date, the candidate may be asked to take the exam on a different date as there is a minimum number of candidates set by Cambridge.

**If the candidate does not receive the full examination timetable a week before the exam date, please contact Halka Čapková:** [**capkova@vse.cz**](mailto:capkova@vse.cz) **or 603 189 152.   
  
Declaration:**I understand that all individuals who want to take a Cambridge English exam are required to agree to all of the Terms and Conditions (a copy of which has been provided by the centre).

I wish to be admitted for the selected Cambridge English exam at the centre listed on this form and for the date listed here. I will bring a valid photo ID with me on the test day, and I consent to have my photo taken by the centre on the day of the Speaking test and/or the written papers. I agree for this photo to be held on the secure Cambridge Assessment English Results Service site and viewed as set out below if I give my agreement.

The photo shall only be available to organisations/individuals that I give my details to or that I authorise to view my result.

By signing this form I declare that I am aware of and agree to comply with the Terms and Conditions for this exam.

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| **Candidate’s signature:** | **Date:** |