

Please email all forms to: exams@southfieldsacademy.com

EXAM APPLICATION FORM (Summer 25 SERIES)

| IMPORTANT DATES | | | |
|------------------------|--------------------------------|--------------------------------|------------------------------------|
| Exam Series | Entry Deadline | Late Fees Charged From | High Late Fees Charged From |
| Summer 2025 | 21 st February 2025 | 22 th February 2025 | 22 nd April 2025 |

Candidate Photo and ID

*A scan of your photo ID (i.e Driving licence/ Passport or any other valid UK ID) must be emailed along with a recent passport style photo of yourself.

* On the day of your exam, you must also bring these documents with you. Failure to comply, will result in your exam being cancelled and no refund given.

| Candidate Details (the names and order of names you provide is how you will be entered for your exam) | | | |
|--|--------------|---|--|
| First Name: | Middle Name: | Surname: | |
| Address: | | | |
| City: | | Post Code: | |
| Date of Birth: | Gender: | Contact Number: | |
| Emergency Contact Number: | | Email address: | |
| Do you have a UCI Number? (13 digits) Yes <input type="checkbox"/> No <input type="checkbox"/> | | If it is a re-take exam, you should have a UCI number. (You must enter a valid UCI number). | |
| UCI Number: | | | |
| Do you have a ULN Number? (10 digits) Yes <input type="checkbox"/> No <input type="checkbox"/> | | ULN Number: (If you previously sat an exam, you may have a ULN number). | |

| EXAM INFORMATION | | | | | |
|-------------------------|---------------------|----------------------------|-----------------|-------------------|---------------------|
| EXAM BOARD: | EXAM SERIES: | Qualification Type: | Subject: | Unit Code: | Option Code: |

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| | | |
|---|------------------------------|-----------------------------|
| Are you retaking these exams? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you carrying forward your practical endorsement/coursework/spoken/ or any other assessment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Please note that we are not offering any practical endorsement or coursework. | | |
| Please specify the details including the exam board and grade. | | |
| Exam board: | | Grade: |

| SPECIAL ARRANGEMENTS AND NEEDS | |
|---|--|
| Do you require special access arrangements during your exam? | Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, evidence will need to be submitted with your application form. |
| Do you suffer from any mental wellbeing conditions such as high levels of anxiety? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you suffer from any difficulties when working under timed and controlled conditions? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any additional needs? Please give details. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

[**Terms and Conditions**](#)

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- **Exam Fees**

Our exam fees can be found on the website. We cannot make entries until we have received the full payment. We accept payment via bank transfer. The centre does not accept cheques as a method of payment.

- **Refunds**

Candidates may wish to withdraw from their examinations by e-mailing us before the first deadline entry. We will refund the amount to you after deducting £30.00 per exam as administrative costs. Please note that the centre cannot provide refunds if the first entry deadline has passed. We also cannot provide refunds if the candidate is absent from the exam.

Only candidates aged 16 and over may sign this form.

I hereby confirm that I have read and understood the terms and conditions of this document. I declare the information given to be accurate to the best of my knowledge. I consent to my information being shared with awarding bodies to enable exam entry\requirements to be fulfilled.

Name:

Signature:

Date: