## Entry form for Citizenship/Proof of Residency Test

Please complete this form and send it to — Examinations Office, Highlands College, Highlands Lane, St Saviour, JE1 1HL, with the fee of £55.00 at least one week before the date you have chosen for the test. Please use CAPITAL letters when completing.

chosen for the test. Please use CAPITAL letters when completing.		
SURNAME (this must be the name o	n your passport)	Male/female
EODENIAMEC	Data	. £ 1. :41.
FORENAMES	Date o	of birth
NATIONALITY		
HOME ADDRESS		
Contact telephone number day:	evening:	
contact telephone nameer day.	evening.	
Email address:		
These are the next eight dates availa	ble, please indicate or	n which date you
would like to sit the test:	to the same	-01-
Wednesday 1 <sup>st</sup> February 2017	Wednesday 19 <sup>th</sup> July	
Wednesday 15 <sup>th</sup> March 2017	Wednesday 30 <sup>th</sup> Aug	
Wednesday 26 <sup>th</sup> April 2017	Wednesday 11 <sup>th</sup> Oct	
Wednesday 7 <sup>th</sup> June 2017	Wednesday 22 <sup>nd</sup> Nov	
All the tests will start at 6.00pm and		
received this entry form we will sen	•	
Please note that Certificates may t	ake up to 7 days to b	oe issued so please
take this into consideration when		
Data Protection Statement –The information you provide will statistical purposes. To ensure confidentiality and privacy, all Protection (Jersey) Law 2005. Highlands College has data sha to know more about these please contact Highlands College of these disclosures please advise us in writing at the following St Saviour, JE4 9QA	I processing will be carried out under ring agreements with other States of on Tel: 608608. Should you require us	r the requirements of the Data Jersey departments. If you would like to seek your individual consent to
Signature:	Date:	
Send this form to Highlands College w	rith the fee of £55.00 (c	heques made payable to
Treasurer of the States) at least one week before the date you have chosen.		

Ver.12