	For office use only	
CTÈRE DE L'ÉDUC	Centre: AF Manchester	
Liberté · Égalité · Fraternité RÉPUBLIQUE FRANÇAISE Ambassade de France	Numéro de reçu:	JUNIOR
def	Code candidat:	
	Session:	
JUNIOR	Niveau(x): A1 A2 B1 B2	
AF MAR	NCHESTER	

DELF JUNIOR 2021 ENROLMENT FORM

IMPORTANT: please write legibly and fill in ALL boxes. Any missing / illegible personal detail may result in the cancellation of your application.

1. Candidate details (p	lease write in block capital	s)			
Family name (as per the c	andidate's passport)	First name(s)	IN FULL (as po	er the candida	ate's passport)
Gender: M	F 🗖	Date of birth (DD/MM/YYYY)	DD	MM	YYYY
Town of birth:		Country of bi	th:		
Nationality:		Second nationality (if applicable):			
Parents'/guardians' email:		Permanent ad	dress for corre	espondence:	
Parents'/guardians' phone	number (mobile):				
Mother tongue:					
2. Have you ever	been registered for DELF ex	xaminations(eve	n if you didr	n't sit the ex	amination?)
Yes 🗌	No 🗖	If you have ans candidate num		ease provide	e your existing
Level	Date	Country/centre	with exar	•	on correspondence e, and on previous ertificates
					(12 digits)

3. Examination entry (please tick 🗹)

	MARCH	JUNE	DECEMBER	Fees per level
DELF A1				£75
DELF A2				£80
DELF B1				£95
DELF B2				£110

IMPORTANT

DECLARATION BY CANDIDATE - PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the fee is <u>non refundable</u> and <u>non transferrable</u> to a future exam session.
I confirm my name and details are exactly as they appear on my passport and written as legibly as possible. Any request for the correction of details after the day of the exam will result in an administration fee.

3. I understand that my registration will only be complete when payment has been processed.

4. I agree to collect and sign for any results certificate and diploma awarded to me at the examination centre, within two weeks of notification. **NO CERTIFICATE / DIPLOMA WILL BE SENT DIRECTLY TO CANDIDATES BY POST.**

5. I agree to inform the examination centre in writing should any of my details change during the examination period, from enrolment to the arrival of diplomas.

6. I understand that oral examinations may take place early / late in the day, that there may be a long gap between my oral and my written examination, and that my oral exam may be on a different day to my written exam. I understand that my oral exam may be recorded.

7. I understand that, once set by the examination centre, my oral examination time will not be changed.

8. I understand that exam dates may be subject to alterations or cancellation in all cases of *force majeure* .

9. I understand that all requests for diploma reprints will incur an administrative fee of £15.

I AGREE TO BE BOUND BY THE REGULATIONS FOR THE DELF/DALF EXAMINATIONS	
<u>Candidate's signature:</u>	<u>Date:</u>
Parents' / guardians' signature:	Parents' / guardians' full printed names

4. Payment

Payment can be made by bank transfer or over the phone by debit/credit card (0161 236 7117).