



For office use only	
Centre:	AF Jersey
<b>JUNIOR</b>	
Numéro de reçu:	
Code candidat:	
Session:	
Niveau(x):	A1 A2 B1 B2

**AF JERSEY  
DELF JUNIOR 2019 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 (please write in block capitals)**

Family name (as per the candidate's passport)		First name(s) <b>IN FULL</b> (as per the candidate's passport)		
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth (DD/MM/YYYY)	DD	MM
Town of birth:		Country of birth:		
Nationality:		Second nationality (if applicable):		
Parents'/guardians' email:		Permanent address for correspondence:		
Parents'/guardians' phone number (mobile):				
Mother tongue:				

**2. Have you ever been registered for DELF examinations (even if you didn't sit the examination?)**

Yes <input type="checkbox"/> No <input type="checkbox"/>		If you have answered yes, please provide your existing candidate number:	
Level	Date	Country/centre	Candidate number (found on correspondence with examination centre, and on previous DELF/DALF certificates)
			.....(12 digits)

**3. Examination entry ( please tick  )**

	JUNE	DECEMBER	Fees per level
DELFF A1			£50
DELFF A2			£55
DELFF B1			£70
DELFF B2			£80

## IMPORTANT

### DECLARATION BY CANDIDATE - PLEASE READ CAREFULLY BEFORE SIGNING

1. I understand that the fee is **non refundable** and **non transferrable** to a future exam session.
2. I confirm my name and details are exact / correctly spelt, and **exactly as they appear on my passport.**
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>
<u>Parents' / guardians' signature:</u>	<u>Parents' / guardians' full printed names:</u>

	JUNE	DECEMBER
<b>Deadline for enrolment</b>	3 May 2019	28 October 2019
<b>DELTA A1</b>	17 June <i>(written exam: 1.45pm)</i>	2 December <i>(written exam: 10.45am)</i>
<b>DELTA A2</b>	18 June <i>(written exam: 1.45pm)</i>	2 December <i>(written exam: 1.45pm)</i>
<b>DELTA B1</b>	20 June <i>(written exam: 1.45pm)</i>	3 December <i>(written exam: 1.45pm)</i>
<b>DELTA B2</b>	21 June <i>(written exam: 1.45pm)</i>	5 December <i>(written exam: 1.45pm)</i>
<b>Results</b>	12 August 2019	4 February 2020

#### **4. Payment**

- (1) Cheques: please write cheques to Alliance Française de Jersey And send with your form to: 5 Library Place, St Helier, JE2 3NL
- (2) Bank transfer: our bank details are: Alliance Francaise de Jersey // HSBC // Sort Code: 40-25-34 // Account: 81328638 (please make sure to use your name, DELF and the level you need as reference)