

**DELF A2** 

	For office use	only	
Centre:	AF Jersey		
		PRIM	
Numéro de reçu:			
Code candid	dat:		
Session:			
Niveau(x):	A1.1 A1 A2		

## AF Jersey DELF PRIM 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.

	<u> </u>						
1. Candidate details (p	lease write in block cap	pitals)					
Family name (as per the candidate's passport)			First name(s) IN FULL (as per the candidate's passport)				
Gender: M	F 🗆		Date of birth (DD/MM/YYYY)	DD	MM	YYYY	
Town of birth:			Country of birt	h:			
Nationality:			Second nationality (if applicable):				
Parents'/guardians' email:			Permanent address for correspondence:				
Parents'/guardians' phone	e number (mobile):						
Mother tongue:							
2. Has the candidat	te ever been registered	for a DE	LF exam (eve	n if they did	n't sit the e	xamination?)	
Yes 🗌	No 🗆		If you have answered yes, please provide the candidate's existing candidate number:				
Level	Date		Candidate number (found on corresponder with examination centre, and on previous Country/centre DELF/DALF certificates			and on previous	
						(12 digits)	
3. Examination entry (	please tick 🗹 )						
	MAY		Fees per level				
DELF A1.1			£40				
DELE A1	l e e e e e e e e e e e e e e e e e e e		£4E				

£50

## **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.
- I confirm the candidate's name and details are exact / correctly spelt, and exactly as they appear on their passport.
- 3. I understand that this 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 the candidate at the examination centre, within two weeks of notification. NO CERTIFICATE / DIPLOMA WILL BE SENT DIRECTLY TO CANDIDATES BY POST. I will bring the candidate's passport and my own passport/driving licence/national ID card when collecting his/her certificate.
- 5. I agree to inform the examination centre in writing should any of the candidate's 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 the oral and the written examination, and that the oral exam may be on a different day to the written exam. I understand that the oral exam may be recorded.
- 7. I understand that the candidate must be accompanied by an adult (parent / guardian / teacher) at all times when at the examination centre in between examinations. The responsibility of the candidate remains with the accompanying adult.
- 8. I understand that, once set by the examination centre, the oral examination time will not be changed.
- 9. I understand that exam dates may be subject to alterations or cancellation in all cases of  $force\ majeure$  .
- 10. 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					
Parents' / guardians' signature:	Date: Parents' / guardians' full printed names				

	A1.1	A1	A2	
Deadline for enrolment	20 February 2019			
Exam dates	7 May	9 May	10 May	
	(written exam: 1.45pm)	(written exam: 1.45pm)	(written exam: 10.45am)	
Results	21 June 2019			

## 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)