## HIGHLANDS COLLEGE ENTRY FORM FOR CAMBRIDGE ADMISSIONS TESTS 2016

| ASSESSMENT TO BE TAKEN:   |                                     |
|---|-------------------------------------|
| UNIVERSITY/COLLEGE & COURSE APPLIED TO  |                                     |
| UCAS NUMBER   |                                     |
| NAME (as it appears on your UCAS form)  |                                     |
|   |                                     |
| DATE OF BIRTH   | MALE/FEMALE                         |
| HOME ADDRESS (Inc. Post Code)   |                                     |
|   |                                     |
|   |                                     |
|   |                                     |
| Contact Telephone Number:   | Mobile Number:                      |
| THE COST PER ASSESSMENT ARE:  |                                     |
| BMAT £120.00<br>CAT / ELAT / HAT / MAT / MLAT / OLAT / PAT / TSA £75.00   |                                     |
| All fees are Payable at time of entry and can be by cheque or credit card.  CHEQUES MADE PAYABLE TO 'TREASURER OF THE STATES'   |                                     |
|   |                                     |
| CLOSING DATES: BMAT only 26th September   | all others 10 <sup>th</sup> October |
| Late entries are possible but a late entry fee will be charged, contact the exams office.   |                                     |
| ENTRIES TO BE SENT TO THE EXAMINATIONS OFFICE, HIGHLANDS COLLEGE, HIGHLANDS LANE, ST SAVIOUR JE1 1HL.   |                                     |
| For more information contact the examinations office at Highlands College on 608564/608624.   |                                     |
| Data Protection Statement –The information you provide will be processed for the purpose of administration, careers, guidance and statistical purposes. To ensure confidentiality and privacy, all processing will be carried out under the |                                     |
| requirements of the Data Protection (Jersey) Law 2005. Highlands College has data sharing agreements with other   |                                     |
| States of Jersey departments. If you would like to know more about these please contact Highlands College on Tel: 608608. Should you require us to seek your individual consent to these disclosures please advise us in writing at the     |                                     |
| following address:- College Information Services, Highlands College, PO Box 1000, St Saviour, JE4 9QA   |                                     |
|   |                                     |
| Candidate's signature:  | Date:                               |
| Due.  |                                     |