

# Student Profile Form



Please provide the following details to register for UKiset  
This form is sent to schools as part of your application so please complete it in English.

Candidate's Details	*Essential information
Surname: <input type="text"/>	<b>Identification information</b> This is essential so the test centre can verify the candidate's identity
Forename(s): <input type="text"/>	
Preferred name: <input type="text"/>	
Date of Birth: <input type="text"/> Male: <input type="checkbox"/> Female: <input type="checkbox"/>	
When do you plan to start studying in the UK? <input type="text"/>	
This form is being completed by: _____	
Contact name: Title: <input type="text"/> Forename: <input type="text"/> Surname: <input type="text"/>	Passport No: <input type="text"/>
Relationship to the student, above: _____	Expiry date: <input type="text"/> Nationality: <input type="text"/>
Parent: <input type="checkbox"/> Agent: <input type="checkbox"/> Guardian: <input type="checkbox"/> Friend: <input type="checkbox"/> Family member: <input type="checkbox"/> Other: <input type="checkbox"/> <input type="text"/>	Place of Birth: <input type="text"/>
Parent's Details	*Essential information
Father: Title: <input type="text"/> Forename: <input type="text"/> Surname: <input type="text"/> Occupation: <input type="text"/>	
Mother: Title: <input type="text"/> Forename: <input type="text"/> Surname: <input type="text"/> Occupation: <input type="text"/>	
Email address: <input type="text"/>	Would you like the results sent to this email address? Yes <input type="checkbox"/>
Telephone number: <input type="text"/> Mobile/Cell number: <input type="text"/>	
Address: <input type="text"/> <input type="text"/>	
Agent's Details	+ Optional
Company name: <input type="text"/>	This section can be left blank if you are not using an academic agent/consultant
Agent's name: <input type="text"/>	
Email address: <input type="text"/>	Would you like the results sent to this email address? Yes <input type="checkbox"/>
Contact number: <input type="text"/> Alternative number: <input type="text"/>	
Address: <input type="text"/> <input type="text"/>	

Information for Schools

\*Essential information

Name of current school:

Why do you want to study in the UK

Web Address:

Which year group would you like to apply for?

Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 12 is the first year of A-Levels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Age 11	Age 12	Age 13	Age 14	Age 15	Age 16	Age at the start of the school year in September

School Selection

+ Optional

Please note selecting schools is **optional** at this stage, the UKiset School Profile will automatically be sent to the schools declared below. **Alternatively schools can be selected after receiving the UKiset results.** To select more schools contact the UKiset team at enquiries@ukiset.com:

School name:

Town/City:

School name:

Town/City:

School name:

Town/City:

School name:

Town/City:

School name:

Town/City:

Additional information, achievements, skills and interests

+ Optional

How would you describe yourself? Using a scale of 1 - 10 complete the following chart

(1 = That's not me - 10 = Yes, that's me)	1	2	3	4	5	6	7	8	9	10
A shy and quiet person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studious and academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

\*Essential information

I agree to the UKiset Terms & Conditions and declare this information is correct

Save

Please send this document to enquiries@ukiset.com