

*For office use only*

Centre: Alliance Française de Milton Keynes

Numéro de reçu:

**TOUT PUBLIC**

Session:

Code candidat:

Niveau(x): A1 A2 B1 B2 C1 C2

**AF MILTON KEYNES  
DEL F-DALF TOUT PUBLIC 2022 - 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 [ ] F [ ]	Date of birth (DD/MM/YYYY)	DD	MM	YYYY
Town of birth:	Country of birth:			
Nationality:	Second nationality (if applicable):			
Email:	Permanent address for correspondence:			
Phone number (mobile):				
Mother tongue:				

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

No [ ] Yes [ ]

If you have answered yes, please provide your existing candidate number here below

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 x )**

	JUNE	OCTOBER	DECEMBER	FEES
DEL F A1				£GB 80
DEL F A2				£GB 85
DEL F B1				£GB 105
DEL F B2				£GB 120
DAL F C1				£GB 160
DAL F C2				£GB 185

**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 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**

**Candidate's signature:**

**Date:**

**4. Payment**

**Bank transfer:** Alliance francaise de Milton Keynes/ BARCLAYS/ sort code: 20-57-40/ Account number: 70930318  
(please make sure to use your name, DELF and the level you need as reference)