

# Request for Refund or Test Date Transfer Form

## Personal Details (\* please fill in all information below)

First Name(s)\*: \_\_\_\_\_

Family Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_  
(ENTER STREET NAME & NUMBER)  
(ENTER POSTAL CODE) | (ENTER CITY)

Telephone / Mobile\*: \_\_\_\_\_

Email\*: \_\_\_\_\_  
(ENTER IN CAPITAL LETTERS)

Test Date Registered for\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Module registered for (please circle)\*: Academic | General Training

**PAYMENT OF IELTS FEE WAS DONE BY \***

CREDIT / DEBIT CARD     BANK DEPOSIT / BANK TRANSFER     OTHER \_\_\_\_\_

Request is for (tick one box)\*:     Refund     Test Date Transfer

Centre name/number\*: **BRITISH COUNCIL,** \_\_\_\_\_ (ENTER THE CITY) **G R** | | |  
Please write GR005 for Athens or GR026 for Thessaloniki

Preferred New Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (If Test Date Transfer is chosen\*)

### Candidate Statement (to be completed by the candidate)\*

Please detail your grounds for applying for a refund or a test date transfer (attach extra sheet if there is insufficient space).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Candidate Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Received by: \_\_\_\_\_ (NAME) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Test Centre Use Only:** Previous Request for Refunds/Transfer

Registered Test Date	Date of prior application	Grounds for Application		
		Medical	Personal	Other

Request (please select):    **APPROVED**     **NOT APPROVED**

Authorised by (IELTS Administrator): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Updated systems?    Yes / No    When? \_\_\_\_ / \_\_\_\_ / \_\_\_\_    By who? \_\_\_\_\_ (Initials)

**BOTH PAGES MUST BE PRINTED & COMPLETED**

# Request for Refund or Test Date Transfer Form

## Supporting Documentation/Evidence: Medical

**(This form must be accompanied by an original medical certificate.)**

**Professional Practitioner Certificate** (to be completed by medical practitioner)

**Date/s of consultation:**

**Candidate affected on the test day** (please circle appropriate letter)

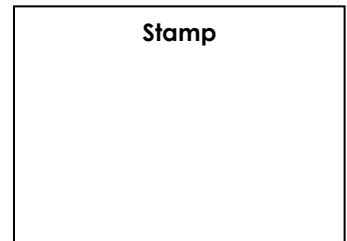
- |          |   |                |
|----------|---|----------------|
| <b>A</b> | totally unable to sit exam                  | specify period |
| <b>B</b> | very severely affected but able to sit exam | specify period |
| <b>C</b> | severely affected but able to sit exam      | specify period |
| <b>D</b> | moderately affected but able to sit exam    | specify period |
| <b>E</b> | slightly affected but able to sit exam      | specify period |
| <b>F</b> | unable to assess ability to sit exam        | specify period |

**Candidate affected at some time prior to the test day** (please circle appropriate letter)

- |          |   |                |
|----------|---|----------------|
| <b>A</b> | totally unable to sit exam                  | specify period |
| <b>B</b> | very severely affected but able to sit exam | specify period |
| <b>C</b> | severely affected but able to sit exam      | specify period |
| <b>D</b> | moderately affected but able to sit exam    | specify period |
| <b>E</b> | slightly affected but able to sit exam      | specify period |
| <b>F</b> | unable to assess ability to sit exam        | specify period |

**Remarks:** nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

Practitioner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Provider Number: (if applicable): \_\_\_\_\_



Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Supporting Documentation/Evidence: Other** (police report, military service notice, death notice).  
Please specify and attach relevant documentation/evidence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form it may not be possible for the test centre to process your request.**

*The British Council will use the information that you are providing in connection with processing your request. The legal basis for processing your information is agreement with our terms and conditions of registration (contract). The British Council complies with data protection law in the UK and laws in other countries that meet internationally accepted standards.*