Test Report Form (TRF) Amendment Form

Notes for Test Taker on the submission of the Test Report Form (TRF) Amendment Form.

- This form can only be used to submit a request to amend spelling mistakes, or clerical errors, in any of the personal details provided below.
- You cannot request to change your personal details if these changes occurred after the test has been completed. This includes, but not limited to, changing your name, surname, ID number and type of ID or gender.
- You must submit this form duly filled in, and appropriate supporting documentation (such as a copy of the ID you used for the test registration) to the test centre where you originally sat the test.
- The original Test Report Form must be returned with this amendment form to the test centre.
- Once the centre has completed the changes to your Test Report Form and the amended Test Report Form the same way you received your original Test Report Form.

Please write the details clearly in CAPITAL LETTERS.

For Test Taker Use

All the sections below must be completed by the Test Taker.

Test Details

Test Date dd/mm/yyyy	

Personal Details

Title (circle as appropriate)	Miss /Ms / Mrs / Mr /Dr		
Name First Name(s) and Surname			
Email Address		**Contact Phone Number(s)**	
Address (if you selected to receive the amended TRF by post)			
		Postcode	

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Details to Be Amended

Please provide appropriate evidence to support the changes.

	Original Information	Amendment Required
Example:		
First Name		
Last Name		
ID Number		
Date of Birth		
Gender		
Country of Nationality		
First Language		

Signature

I hereby confirm that the changes I am requesting only concern spelling mistakes or clerical errors and I am attaching appropriate documentation to support my request. I understand any request or attempt to change personal details to commit malpractice may lead to result cancellation, and I may be banned from taking the test in future, liable to legal action and reported to regulatory authorities globally.

Full Name		**Title**	
Test Taker Signature		**Date** dd/mm/yyyy	

For Office Use Only

This section is for the staff member who is authorising the change.

Full Name		**Title**	
Signature		**Date** dd/mm/yyyy	