



Candidate Registration Form

Filming Consent Form

For ARBTA Examinations and Assessments



Centre Registration Number:	
Centre Post Code:	
Centre Name:	

Family/Surname		Ethnicity Please tick box next to one of the following	
Forename (s)			Bangladeshi <input type="checkbox"/>
Gender			Indian <input type="checkbox"/>
Nationality			Pakistani <input type="checkbox"/>
Email Address			Any other Asian Background <input type="checkbox"/>
Telephone Number			African <input type="checkbox"/>
Date of Birth			Caribbean <input type="checkbox"/>
ULN Number			Any other Black Background <input type="checkbox"/>
Address Line 1			Chinese <input type="checkbox"/>
Address Line 2			White and Asian <input type="checkbox"/>
Town			White and Black African <input type="checkbox"/>
City			White and Black Caribbean <input type="checkbox"/>
Postcode			Any other Mixed Background <input type="checkbox"/>
Country			White British <input type="checkbox"/>
			White Irish <input type="checkbox"/>
		Any other White Background <input type="checkbox"/>	
		Any other Ethnic Group <input type="checkbox"/>	
		White Not Known <input type="checkbox"/>	
		Refuse To Say <input type="checkbox"/>	

In accordance with our policies, ARBTA will not permit photographs, videos or images to be used without consent. By completing this form, you are agreeing that the examination involving you or your child (on the date, time and location below), will be filmed. A parent or guardian should sign the form for candidates under the age of 18. Consent is given by signing the form below. Consent may be withdrawn at any time if requested. The data provided on this form will be stored in a computerised database in compliance with the Data Protection Act. Information you provide on this enrolment will be passed to the Learning Records Service, Learning Skills council and Regulatory Authorities which are registered under the Data Protection Act. The information will not be given to anybody outside of ARBTA or GQAL without your permission except if required to do so by law or examination regulatory agencies. Access to the information is strictly limited to ARBTA staff who process the examination entry and the ARBTA Board of Examiners.

For archiving and training purposes ARBTA reserves the right to video record examinations.

Name:	Parent/Guardian Name:
Date of Exam:	Teachers Name:
Exam Level:	Signature:

Declaration: By completing and signing this form, I confirm that the information is accurate and give consent for filmed footage to be taken and used as stated on this form. For forms received electronically, a typed name will be taken as a signature.