

Addvantage membership application form

I would like our school / institution to join the British Council Exams Partnership Programme for schools registering exams candidates with the British Council.

Name of school/institution as it is to appear on the certificate			
Address			
Post code		Town	
Telephone		Fax	
Mobile phone			
E-mail			
Person responsible			

Signature	I have read, understood and accept the Terms & Conditions	Date	

Please send one copy of this form by fax or post to British Council Slovenia and retain another copy for your records:

British Council
 Trg republike 3; 1000 Ljubljana
 F: 01/300 20 44 E: exams@britishcouncil.si

Data Protection

British Council keeps records of your personal information according to data protection legislation (L.2472/1997) in force. The information you provide above shall be processed only and to the extent required for the proper administration of Advantage.