

COVID-19 Declaration Form

Centre details Centre number, name and address: CENTRE NO. IT124 BIELLA SCHOOL OF ENGLISH SNC VIA SEMINARI 9, 13900, BIELLA, BI			
Your details Full name: Date of birth (DD/MM/YY):			
Exam details Which exam are you taking? Date of exam:			
Paper-based		Computer-based	
Declaration I am the candidate / I am the guardian of the candidate (please delete as appropriate). The statements below are regarding the candidate: <ul style="list-style-type: none">• I confirm that I do not have symptoms associated with COVID-19.• I confirm I have not knowingly been in contact with any people with symptoms associated with COVID-19 for the past 14 days.• I confirm I have not travelled from any countries with travel/self-isolation restrictions in the past 14 days. I understand that my exam may be rebooked if I cannot confirm any of the statements above.			
Signature Date			

Any candidates unwilling to abide by social distancing and security measures, or any candidates with symptoms on the exam day will not be allowed into the exam.