

CIE – Child Protection for Under 18's to be signed at the time of registration by the Parent / Guardian – BC Candidates

1. ** Mandatory **– to be completed by candidate's Parent or Guardian

Please note that this form must be completed for your registration to be completed

Dear Parent/Guardian,

The British Council upholds a **Child Protection Policy** which seeks to protect all children under the age of majority. In this respect, if your child is **under 18years** of age, your signature is required to approve him/her sitting their **Cambridge Examinations** at the **British Council** under British Council staff supervision.

The British Council venue staff is responsible for the supervision of your child inside the examination venue only for the duration of the exam. It is therefore your duty as parent/guardian to ensure the safe arrival to and departure from the examination venue as per the time indicated on the timetable.

If your child has special needs, kindly inform the British Council prior to the examination as we can only assist in special arrangements for the duration of the exam if we have been informed in writing and have time to make the necessary preparations.

We ask that you sign and return the indemnity slip below to the British Council **at the time of registration**

Regards,

British Council, Examination Services Department.

I.....being the **parent/guardian** of.....
Candidate Numberwho is sitting for **his/her Cambridge October/November 2020 Examinations**, agree that my child takes these examinations with the British Council at the British Council, under the British Council venue staff supervision.

I understand that the British Council will supervise my child at the examination venue **only for the duration of the exam**, and that it is my responsibility to ensure that my **son/daughter** arrives and departs from the venue safely at the indicated time.

I understand that the British Council will not be held liable for any accidents if I do not comply i.e. I do not collect my child at the stated pick up time.

Should your child be suffering from an illness during the exams period, the British Council will immediately contact you.

I understand that the British Council is only able to arrange any special arrangements my child may need during the examination upon written request prior to the examination date ie. this notification must be made in writing during registration.

Signature.....

Date.....

Contact Number.....(we may need to contact you please ensure the number is your valid and accurate number)

**** Mandatory ** – to be completed by candidate’s Parent or Guardian**

Parent / Guardian ID or Passport Number

You must attach a copy of your ID / Passport (BIO data page & signature page) – **YES / NO**

KINDLY SELECT ONLY ONE OPTION BELOW:-

Declaration – Parent collecting child

I.....being the **parent/guardian** of.....
Candidate Numberwho is sitting for **his/her Cambridge October/November 2020 Examinations**, agree that my child takes these examinations with the British Council at the British Council, under the British Council venue staff supervision.

I confirm that I will **personally** collect my child after his/her exam

Signature..... **Date**.....

OR option 2

Declaration – Third Party Collection

Please note that where you will **not** be personally collecting your child, you must indicate in **writing below** the ID / Passport number, name and number of the guardian who will collect your child at the end of the exam. Kindly note that **you must attach the ID / Passport copy of the guardian collecting your child**

I.....being the **parent/guardian** of.....
Candidate Number who is sitting for **his/her Cambridge October/November 2020 Examinations**, confirm that (NAME) of ID number.....or Passport number.....will be collecting my child on my behalf

Signature..... **Date**.....

OR option 3

Candidate permitted to leave the premises alone – Parental / Guardian Consent eg Taxi / leave premises alone with no supervison

I.....being the **parent/guardian** of.....
Candidate Number who is sitting for **his/her Cambridge October/November 2020 Examinations**, confirm that my child can leave the premises alone. I hereby give my consent

Signature..... **Date**.....