



## **CENTRE APPROVAL APPLICATION FORM**

New centres should complete all sections of this form

All completed forms signed by authorised persons should be posted to Central TGLS Examinations Office for your country.

ver. 1.03 pl\_PL

CENTRE DETAILS						
Centre name					Centre www address	
Number of branches	Centre main address (please include country)				Telephone/fax number	
Name of Head of Centre					Email address	
Name of Examinations Co-ordinator					Email address	
What type of organisation is your centre?						
University	High School	Language school	Private school	Training company	College	Other (Please specify)
Number of learners					How long have you been operating as a training centre?	
Last year		Last 5 years		from the beginning		
				years		
Expected number of examination candidates			Expected date of first examination			
Year 1		Year 2				
Please list marketing or other activities you are planning to undertake to meet your estimated candidate number						
date	activity				person responsible	

