



ISLPR

LANGUAGE SERVICES

TEST FEEDBACK

FEEDBACK APPLICATION
ISLPR LANGUAGE SERVICES PTY LTD ABN 83 138 312 919

Complete ALL sections on this page. Use a blue or black pen. Print clearly in BLOCK CAPITALS.

NAME
Family name Given name(s) Preferred name Title

DATE OF BIRTH MALE FEMALE

MAIL ADDRESS CONTACT DETAILS Mobile

..... Home phone..... Fax

..... Post Code Email

FEEDBACK REQUIRED Speaking Listening Reading Writing

If you have previously taken an English test other than the ISLPR, please attach a copy of your results.

PREFERRED WEEK FOR FEEDBACK

Tell us about any days or times that are not suitable (e.g. hours you must be in class).

Week beginning

*If we cannot arrange feedback for your test during this week, we will give you the closest possible date.

Date of Original test

FEE FOR FEEDBACK: \$100 per hour.

CONDITIONS

- You must pay the fee when you submit this form.
- A full refund will be given if ISLPR Language Services cancels a feedback. No refund will be given for any other reason.
- If you need to change the day or time of your feedback and you notify the Administrative Officer no later than 4:30pm two (2) working days before your feedback, you will need to pay an administration fee of \$25. Otherwise you must pay another full fee.
- If you arrive late, you may have to make another booking and pay another full fee.
- If you are sick, you are required to notify our Administrative Officer and provide a medical certificate. If you do not provide a medical certificate, you will have to make another booking and pay another full fee.

Privacy ISLPR Language Services Pty Ltd collects, stores, and uses personal information only for the purposes of administering tests, training testers, teaching, research and distributing research publications. The information collected is confidential and will not be disclosed to third parties without your consent, except when required under Australian law.

The information I have given on this form is correct. I have read and I accept the ISLPR LANGUAGE SERVICES POLICY and CONDITIONS.

Signature

Date

Office use only	Tutor
Fee rec'd Amount \$	Feedback date & time
Receipt Payment method	Candidate advised email, letter, fax, in person