

## Request for Refund or Test Date Transfer Form

### Information for Candidates

Candidates who choose to CANCEL their registration **more than 5 weeks prior to the test date** will receive a refund of the full fee minus an administrative fee of 92CHF. If you wish to CHANGE the date of your test **more than 5 weeks prior to the test date** and after having received confirmation from us, we will have to charge an administrative fee of 92CHF.

In case you wish to cancel or transfer **more than 5 weeks before the test date**, you only need to fill in page 2 below.

Candidates who seek to cancel their registration or transfer test dates within the five-week period prior to the test date will only receive a refund if they can satisfy to the Administrator that their ability to sit the test has been affected by illness or serious cause. Serious causes include:

- illness – e.g. hospital admission, serious injury or illness (does not include minor illness such as a mild cold)
- loss or bereavement – death of a close family member
- hardship/trauma – victim of crime, victim of a traffic accident
- military service.

### Application Process for Refunds

Candidates must lodge an application for refund **no later than five working days after the test date**. Candidates must complete a Request for Refund Form (see below) and attach the appropriate documentation and/or evidence. Acceptable documents may include a medical certificate from a qualified medical practitioner, a death certificate, or a police report. Statutory declarations and certificates signed by family members are not acceptable.

Please send all these documents by email to [ielts@britishcouncil.ch](mailto:ielts@britishcouncil.ch)

or by post to:

British Council Switzerland  
Hildanusstrasse 3  
3013 Bern  
T +41 31 301 49 35

The Administrator will advise the candidate within one week of lodging the application whether or not their request has been approved.

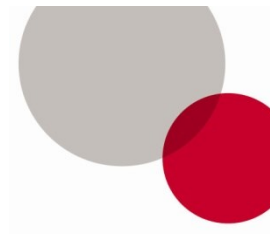
**Refunds** – If the candidate's application is approved, the centre will refund the test fee to the candidate minus an administrative fee of 92CHF. Please attach your complete bank details including IBAN to this form. Refunds are processed by bank transfer in 4 to 6 weeks.

If you paid by credit card, the money will be credited to that card. In this case you do not need to send us your bank details, please just mention "paid by credit card"

**Transfers** – candidates must select a test date and this will be approved by the Administrator depending on availability for the selected test date. There may be limited availability for some test dates. Transfers can only be authorised on receipt of the 92CHF administrative fee so please attach proof of payment to your transfer application.

Our bank details are as follows:

Bank Name: Credit Suisse  
Bank Account Name: The British Council  
Bank Account Number: 262603-51  
Bank Account Sort Code: 4835  
SWIFT/BIC: CRESCHZZ30A  
IBAN: CH02 0483 5026 2603 5100 0  
City: Bern



## Request for Refund or Test Date Transfer Form

### Personal details

Title:

Given names:

Surname:

Address:

Telephone:

Email:

Test date registered for:  /  /

Request is for (tick one box):  Refund  Date Transfer

Centre name/number:

Preferred new test date:  /  /

### Candidate statement (to be completed by the candidate)

Please detail your grounds for applying for a refund or a test date transfer, attach extra sheet if there is insufficient space.

Candidate signature:  Date:

Received by:  Date:

### Test centre use only: Previous Request for Refunds/Transfer

Registered test date	Date of prior application	Grounds for application		
		Medical	Personal	Other
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>

Request (please select): **APPROVED**  **NOT APPROVED**

Authorized by: (IELTS Administrator)  Date:



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### Supporting documentation / evidence: Medical

(This form must be accompanied by an original medical certificate in one of the Swiss national languages or in English.)

**Professional Practitioner Certificate** (to be completed by a medical practitioner in one of the Swiss national languages or in English)

Date/s of consultation:

**Candidate affected on the test day** (please circle appropriate letter):

- |  |                |
|--|----------------|
| <b>A</b> totally unable to sit exam                  | specify period |
| <b>B</b> very severely affected but able to sit exam | specify period |
| <b>C</b> severely affected but able to sit exam      | specify period |
| <b>D</b> moderately affected but able to sit exam    | specify period |
| <b>E</b> slightly affected but able to sit exam      | specify period |
| <b>F</b> unable to assess ability to sit exam        | specify period |

**Candidate affected at some time prior to the test day** (please circle appropriate letter):

- |  |                |
|--|----------------|
| <b>A</b> totally unable to sit exam                  | specify period |
| <b>B</b> very severely affected but able to sit exam | specify period |
| <b>C</b> severely affected but able to sit exam      | specify period |
| <b>D</b> moderately affected but able to sit exam    | specify period |
| <b>E</b> slightly affected but able to sit exam      | specify period |
| <b>F</b> unable to assess ability to sit exam        | specify period |

**Remarks:** nature of illness and other relevant information (with reference to the candidate's capacity to sit an exam) which will assist in any assessment of this application for special consideration.

Practitioner's name:

Address:

Phone number:

Practitioner's licence number: (if applicable):

Stamp:

Signature:

Date:

**Supporting documentation / evidence: Other, if not medical** (police report, military service notice, death notice). Please specify and attach relevant documentation/evidence

**The information on this form is collected for the primary purpose of assessing your request for a refund/test date transfer. If you choose not to complete all the questions on this form, it may not be possible for the test centre to process your request.**