

EXAM REQUEST



Fill in as many fields as possible and send this form to:
rui.cardoso@pstqb.pt

1. PERSONAL INFORMATION

Full name*

Name to appear on certificate*

Address*

Zip Code*

City / Country*

Date of birth (DD/MM/YYYY)*

Phone number*

E-mail address*

2. EXAM

Exam*

Date (DD/MM/AAAA)*

Time*

Repeating?*

Name of Trainer

Name of Training Provider Entity

No Training / Self-Study

To take the **ISTQB® CT Foundation Level Exam** it is recommended that the Candidate has at least six months of experience in software testing.

I declare and acknowledge the information reported above.

4. BILLING

Full name***

Address***

Zip Code***

VAT number*

Purchase number*

5. PAYMENT INFORMATION

NIB 0035 0001 00033933330 69

IBAN PT50 0035 0001 00033933330 69

BIC SWIFT CGDIPTPL

* Mandatory fields.

** If you wish to take an Exam from a higher level than the ISTQB® CT Foundation Level Exam, you must send a copy of your ISTQB® CT Foundation Level certificate, otherwise your application will not be considered.

*** Do not fill in if the information is the same as that already filled in.

The personal data, collected here, allows **PSTQB - Portuguese Software Testing Qualifications Board**, to initiate the **application process for ISTQB® Certification Exam**.

Regarding data collection, processing and treatment:

1. **PSTQB - Portuguese Software Testing Qualifications Board**, is governed by the provisions of EU 2016/679, of the European Parliament and Council, of April 27, 2016 (General Data Protection Regulation (G.G.D.P.R.)) and also by the laws and regulations applicable in Portugal.

2. **PSTQB - Portuguese Software Testing Qualifications Board**, is the entity responsible for the processing of the personal data contained in this form.

3. **I AUTHORIZE**, in the scope of the Certification process requested through this Registration Form, the sharing of personal data with the following Partner Entities:

3.1. **LPLUS Gmbh Platform**: Full name, full address, zip code, city, country, date of birth, telephone contact, e-mail address, level of Exam to be taken, date and time of the Certification Exam;
For more information regarding the treatment of your personal data, please see the Entity's privacy policy: <https://lplus.de/data-protection-statement>

3.2. **ProctorExam Platform**: full name, e-mail address, Exam level to be taken, date and time of the Certification Exam;
For more information regarding the treatment of your personal data, please see the Entity's privacy policy: <https://proctorexam.com/privacy-and-data-security/>

3.3 **ISTQB® Successful Candidate Register (S.C.R.) platform**: full name, Exam level taken, date of the Certification Exam, and Certificate control number.
For more information regarding the treatment of your personal data, please see the Entity's privacy policy: <https://www.istqb.org/privacy-notice-a-terms-of-use.html>

4. It should be noted that the purposes listed here are not the only ones, and others may derive from them. If there is a new purpose independent from the previous ones, **PSTQB - Portuguese Software Testing Qualifications Board**, will inform the owner, on a case by case basis, when collecting the personal data.

5. As part of the legal obligation to which **PSTQB - Portuguese Software Testing Qualifications Board** is subject, your personal data may be shared with Police, Judicial, Tax and/or Regulatory Entities.

I hereby declare, that **I ACKNOWLEDGE** and **ACCEPT** the information detailed above.

I declare, for all legal purposes inherent to the protection of personal data, that **I ACKNOWLEDGE** the information detailed above, as well as the privacy policy of **PSTQB - Portuguese Software Testing Qualifications Board**.

I AUTHORIZE PSTQB - Portuguese Software Testing Qualifications Board to use the e-mail address mentioned on the cover page of this form for marketing purposes, namely: newsletter, promotion of the Testing Portugal Conference, PSTQB Sessions events, among others organized by **PSTQB - Portuguese Software Testing Qualifications Board**.

POLICY FOR EXAM REQUEST, CANCELLATION AND NON-ATTENDANCE

In-Person Exams

1. Candidates must submit this registration form no later than 15 days before the intended date of the exam. Forms sent after this deadline may not be accepted;
2. Exam Request Form(s) should be sent to rui.cardoso@pstqb.pt ;
3. The minimum number of Candidates per Exam is 5 Candidates, and the maximum number will be dictated by room conditions and proctor;
4. The Requesting Entity or the Candidate must pay for the Examination(s) at least 5 days before the date of the Examination. Otherwise, PSTQB may refuse to hold the Exam and/or release the Exam results until payment is made and confirmed;
5. Cancellations can be made up to 10 days before the exam date;
6. In case of cancellation after payment, the Candidate may take the Exam on a new date to be designated according to PSTQB availability;
7. Exam retakes are paid for at the same rate as the exam. In case of absence, it is not considered a repetition, but a rescheduling;
8. Whenever the Candidate cannot attend the Exam, he/she must give notice no later than 5 business days prior to the Exam date;
When this is the case, you have the duty to justify your absence and the right to take the Exam on a new date to be designated by PSTQB;
9. If the candidate does not notify within this period and is absent on the date of the Exam, it will be considered a no-show, having 5 days to present the respective valid justification. If no justification is found, a new booking and payment will be required.

Remote/Online Exams

1. Candidates must submit this form no later than 5 working days before the intended date of the Exam. Forms sent after this deadline may not be accepted;
2. Exam Request Form(s) should be sent to rui.cardoso@pstqb.pt ;
3. Upon receipt and review of the Form(s), PSTQB will inform you of the availability to take the Exam(s) on the date(s) and time(s) indicated;
4. The Requesting Entity or the Candidate must pay for the Exam(s) upon receipt of confirmation from PSTQB. Otherwise, PSTQB may refuse to conduct the Exam and/or release the Exam results until payment is made and confirmed;
5. Cancellations can be made up to 3 working days before the Exam date;
6. In case of cancellation after payment, the Candidate may take the Exam on a new date to be designated according to PSTQB availability;
7. Exam retakes are paid for at the same rate as the exam. In case of absence, it is not considered a repetition, but a rescheduling;
8. Whenever the Candidate cannot attend the Exam, he/she must give notice no later than 3 business days prior to the Exam date;
When this is the case, you have the duty to justify your absence and the right to take the Exam on a new date to be designated by PSTQB;
9. If the candidate does not notify within this period and is absent on the date of the Exam, it will be considered a no-show, having 5 working days to present the respective valid justification. If no justification is found, a new registration and payment will be required.

Signature

I declare and acknowledge the Examination Request, Cancellation, and No-Show Policy.

