

First Name:	UK address:
Surname/ Last name:	Tel:
Date of birth:	Postal code: City:
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Emergency contact details
Nationality: Passport No:	Name:
Home Address:	Relationship:
	Tel:
City/Country:	Address:
Tel:	
Email:	Email:

COURSE DETAILS			
GENERAL ENGLISH		EXAM PREPARATION COURSES	
General English (15 hrs)	AM <input type="checkbox"/> PM <input type="checkbox"/>	IELTS	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Intensive (20 hrs)	AM <input type="checkbox"/> PM <input type="checkbox"/>	Cambridge Exam (FCE,CAE)	
Super Intensive (25 hrs)	AM <input type="checkbox"/> PM <input type="checkbox"/>	ACADEMIC ENGLISH	
Academic writing (5 hrs PW)	AM <input type="checkbox"/> PM <input type="checkbox"/>	Academic English (15 hrs)	AM <input type="checkbox"/>
English for Academic purposes (5 hrs PW)	AM <input type="checkbox"/> PM <input type="checkbox"/>	Academic English (20 hrs)	AM <input type="checkbox"/>

ENGLISH FOR SPECIFIC PURPOSES (ESP)	TEACHERS TRAINING
English for Business (15 hrs PW) AM <input type="checkbox"/> PM <input type="checkbox"/>	CELTA
PRIVATE LESSONS	Second course (Please specify)
One-to-one lessons 5 hr <input type="checkbox"/> 10 hr <input type="checkbox"/> 15 hr <input type="checkbox"/> 20 hr <input type="checkbox"/>	
Start Date:	Number of weeks:

ACCOMMODATION	
Homestay	Student Shared House
Standard Diet <input type="checkbox"/>	Executive <input type="checkbox"/> Single room <input type="checkbox"/> Twin room <input type="checkbox"/>
Special diet Halal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Diabetic <input type="checkbox"/>	Residential (Only in summer- Single room) <input type="checkbox"/>
Preferences	AIRPORT TRANSFER
Pets No <input type="checkbox"/> Yes <input type="checkbox"/> No preference <input type="checkbox"/>	Do you need to be picked up at the airport? Yes <input type="checkbox"/> No <input type="checkbox"/>
Children No <input type="checkbox"/> Yes <input type="checkbox"/> No preference <input type="checkbox"/>	One way <input type="checkbox"/> Return Transfer <input type="checkbox"/>
Smoking family No <input type="checkbox"/> Yes <input type="checkbox"/> No preference <input type="checkbox"/>	Flight details
Allergies (please specify):	Date: Flight number:
	Arrival time: Airport:

VISA	MEDICAL CONDITIONS
Pls tick the visa you will be applying for	Do you have a disability or medical condition that might require special arrangements of facilities ?
SVV <input type="checkbox"/> Tier4 <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please give details
ESVV <input type="checkbox"/> None <input type="checkbox"/>	

PAYMENT	
Please select one of the options of payment at the time of booking	Deposit <input type="checkbox"/> Full Payment <input type="checkbox"/>
Payment method:	Cash <input type="checkbox"/> Debit card <input type="checkbox"/> Credit card <input type="checkbox"/> Bank transfer <input type="checkbox"/> Sponsored <input type="checkbox"/>
Declaration	
I have read and accepted the school's terms and conditions	Yes <input type="checkbox"/>
I allow the school to use my photos in the school's website, social media pages, or for promotional purposes	No <input type="checkbox"/> Yes <input type="checkbox"/>