

# APPLICATION FORM

## English Course for Over 18s



Choose your  
TEG English Location:










### A: STUDENT INFORMATION

Surname/Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_ Age at start of course: \_\_\_\_\_

Nationality: \_\_\_\_\_ First Language: \_\_\_\_\_

Home Country Address: \_\_\_\_\_

Address in the UK (if known): \_\_\_\_\_

Telephone: 00 \_\_\_\_\_ Email: \_\_\_\_\_

### B: EMERGENCY CONTACT INFORMATION

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Telephone: 00 \_\_\_\_\_ Email: \_\_\_\_\_ Do they speak English? Yes  No

### C: COURSE INFORMATION

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ How many weeks: \_\_\_\_\_

CHOOSE YOUR COURSE:	ESSENTIAL - 15 HOURS	STANDARD - 20 HOURS	INTENSIVE - 25 HOURS	EVENING - 5.5 HOURS
<b>GENERAL ENGLISH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IELTS EXAM PREPARATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CAMBRIDGE EXAM PREPARATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SKILLS OPTIONS</b> <small>(for 20 or 25 hour courses only)</small>	Pick 1 skills option:		Pick 1 extra skills option:	
	Communication Skills <input type="checkbox"/>	Exam Skills <input type="checkbox"/>	Communication Skills <input checked="" type="checkbox"/>	Exam Skills <input type="checkbox"/>
	Business Skills <input type="checkbox"/>		Business Skills <input type="checkbox"/>	

**SPECIAL COURSES** One to One  How many hours: \_\_\_\_\_ Other: \_\_\_\_\_

### D: ENGLISH LANGUAGE LEVEL (Please take our free test at [www.tegenglish.com/online-english-test/](http://www.tegenglish.com/online-english-test/))

Pre-A1: Beginner  A1: Elementary  A2: Pre-Intermediate  B1: Intermediate  B2: Upper-Intermediate  C1: Advanced  C2: Proficient

### E: ACCOMMODATION INFORMATION

Do you need accommodation? Yes  No

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Homestay	Halls of Residence
Half-Board <input type="checkbox"/>	---
Self-Catering <input type="checkbox"/>	Self-Catering <input type="checkbox"/>
Shared Room <input type="checkbox"/> Name of the student you wish to share with: _____	Shared Room <input type="checkbox"/> Name of the student you wish to share with: _____

Special diet needed?  
Halal  Vegetarian  Vegan  Gluten Free  Other

Smoker: Yes  No

### F: AIRPORT TRANSFER

Do you need an airport transfer? Yes  No

Arrival Transfer: Yes  No  Departure Transfer: Yes  No

Please note that you must inform us of your travel details no less than 10 days before your arrival.

Arrival	Departure
Date: _____	Date: _____
Time: _____	Time: _____
Airport: _____	Airport: _____
Flight Number: _____	Flight Number: _____
Terminal: _____	Terminal: _____

OFFICE USE ONLY	Student Number: _____	Grammar: _____	Speaking: _____	Online Test Result:
	Invoice No: _____	Type of Visa: _____	Arranged Holidays: _____	<input type="checkbox"/> Invoice Sent _____
	Total Amount: _____	Valid Until: _____		<input type="checkbox"/> Visa/Enrolment Letter
	Payment Details (instalment/amount/date): _____			<input type="checkbox"/> Handbook Sent
	Payment Record Updated: _____	Agent Commission Paid: _____	Extending student: _____	<input type="checkbox"/> Homestay Profile Sent
	Sponsored student? Offer letter sent <input type="checkbox"/> Financial Guarantee Received <input type="checkbox"/> Financial Guarantee Posted <input type="checkbox"/>			<input type="checkbox"/> Homestay Confirmation Letter
			<input type="checkbox"/> Host Informed of Arrival Time	
			<input type="checkbox"/> Transfer Arranged	
			<input type="checkbox"/> Book Given	
			<input type="checkbox"/> Welcome Meeting Given	

