

APPLICATION FORM

Other language course

Choose your
TEG English Location:









A: STUDENT INFORMATION

Surname/Family Name:		First Name:	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	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:
Telephone: 00	Email:

C: COURSE INFORMATION

Start Date:	End Date:	How many weeks:	I would describe my level as: Beginner <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>												
<table border="1"> <thead> <tr> <th>CHOOSE YOUR COURSE:</th> <th>FRENCH</th> <th>SPANISH</th> <th>ITALIAN</th> <th>GERMAN</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>EVENING - 2 HOURS PER WEEK</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>				CHOOSE YOUR COURSE:	FRENCH	SPANISH	ITALIAN	GERMAN	OTHER	EVENING - 2 HOURS PER WEEK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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D: HOW DID YOU HEAR ABOUT US?

Walked by the school Google Facebook Advertisement Friend/Family Employer Our website Other:

E: STUDENT WELFARE

Do you have any medical conditions we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:	Do you have any physical disability, learning disability or mental health issue we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:
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F: AGREEMENT TO TERMS AND CONDITIONS

No refund will be given in the event of:

- self-cancellation after you have started your course.
- any holidays you choose to take after enrolling or sick days in which you are absent from classes. These will not be added to the end of a course.
- self-cancellation after being issued with a student visa letter from the College (with no evidence provided of visa refusal).
- you being asked to leave the College because of gross misconduct (i.e. abusive behaviour) on your part.

I have read, understood and agree to the Terms & Conditions (tegenGLISH.com/pdf/terms-and-conditions.pdf) and Refund Conditions noted above and I understand that the same conditions apply to any course extension.

Sometimes we photograph or film activity at our colleges which may be used for promotional purposes. If you do not wish to be photographed/filmed, please tick here

We would love to keep in touch with you by email with future offers, news and information on our courses and services. We will treat your information safely and with care and will never share it with third parties for the purposes of marketing. (For more details on our Data Protection Policies please see tegenGLISH.com/cookies-and-privacy) You can unsubscribe to our mailing list at any time by emailing marketing@tegenGLISH.com.

Yes, I would like to receive offers, news and information on TEG English's courses and services by email

Signature: _____ Date: _____

If you are using a credit or debit card which is not registered to you, please get the signature of authorisation from the card holder. Cardholder Signature: _____

OFFICE USE ONLY	Student Number:	Grammar:	Speaking:
	Invoice No:	Type of Visa:	<input type="checkbox"/> Invoice Sent _____
	Total Amount:	Valid Until:	<input type="checkbox"/> Enrolment Letter
	Payment Details (instalment/amount/date):		<input type="checkbox"/> Book Given <input type="checkbox"/> Welcome Meeting Given