

APPLICATION FORM

English Course for Over 18s



Choose your College:



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
GENERAL ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IELTS EXAM PREPARATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CAMBRIDGE EXAM PREPARATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SKILLS OPTIONS <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 <input type="checkbox"/> How many hours: _____		Other: _____	

D: ENGLISH LANGUAGE LEVEL (Please take our free test at 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 <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other <input type="checkbox"/>	
Smoker: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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	

