



Enrolment Form

Personal Details

First name			Surname	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth (dd mmm yyyy)	
Nationality			Native language	
Home address			Occupation	
			Telephone N° (incl. country code)	
City			Mobile N° (incl. country code)	
Postcode			Fax N° (incl. country code)	
Country			E-mail address	

Personal Information

Do you smoke?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	*Please give details	
Do you suffer from an illness/disability?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
Do you have any dietary needs?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
Do you have any allergies?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
Are you travelling with another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please indicate Name and Surname	

Passport / Identity Card Details

Passport / Identity Card N°			Place of issue	
Date of issue (dd mmm yyyy)			Date of expiry (dd mmm yyyy)	
Country of issue			Country of birth	
What country do you live in			Do you need a visa invitation letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been refused a visa to travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please give details	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please give details	

Emergency Contact

First name			Surname	
E-mail address			Their relationship to you	
Telephone N° (incl. country code)			Mobile N° (incl. country code)	

Course Details

Course starting date (dd mmm yyyy)	.....	Course finishing date (dd mmm yyyy)	.....
Course type (1)	.....	Course duration (1)	..... week/s
Course type (2) - if required	.....	Course duration (2) - if required	..... week/s
If you choose OTHER specify course here	.....	What is your level of English	.....

Accommodation Details

Do you require accommodation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, please provide address of residence	.....
Accommodation starting date (dd mmm yyyy)	.....		Accommodation finishing date (dd mmm yyyy)	.....
Accommodation type	.....		Accommodation duration	..... week/s day/s
Room type	.....		Board basis	.....
If you choose OTHER specify accommodation here	.....		

Travel Details

Do you require an airport transfer on Arrival?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you require an airport transfer on Departure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type	<input type="checkbox"/> Sharing	<input type="checkbox"/> Private	Type	<input type="checkbox"/> Sharing	<input type="checkbox"/> Private
Arrival date (dd mmm yyyy)	.....		Departure date (dd mmm yyyy)	.....
Arrival airport	.....		Departure airport	.....
Arrival flight no.	.....		Departure flight no.	.....
Arrival time		Departure time	
Would you like to book travel insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

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