

Registration Form

This form collects information required to assess your eligibility for the chosen course and the necessary personal data for processing your application. For further details on how this information will be used, please read our privacy policy, available at www.essentialenglishcentre.com/our-school/policies/

Do you agree for us to use this data to process your application? Yes No Do you agree to our terms and conditions? Yes No

Full terms and conditions are available at www.essentialenglishcentre.com/our-school/terms-and-conditions/

Personal details

First name(s): Middle name(s) (if applicable):

Surname(s): Date of birth: Age:

Email address: Telephone number:

Nationality: First language:

Passport expiry date: Passport number:

Home address:

Do you require a short-term study visa? Yes No

Are you a private student or will your course fees be paid by a sponsor?

If sponsored, please give name or details of your sponsor:

What is your current level of English (if known)?

Name of course you have studied in the past:

Course and accommodation details

Which course would you like to choose? Please tick one box.

General English 15 hours per week General English 25 hours per week English Plus Business English

IELTS Exam Preparation Programme 25 hours per week Cambridge Exam Preparation Programme 25 hours per week

Course start date: Course end date: What is your level of English?

What is your most recent English examination score (if applicable)?

Do you require accommodation? Please tick one box. Yes No

If 'Yes', what type of accommodation? Please tick one box.

Homestay Homestay/Private Bathroom Student Residence

If you have chosen 'Homestay', do you have any special requirements? (for example halal diet, no pets, allergies etc.)

Accommodation start date: Accommodation end date:

Do you require airport transfers? Please tick one box. Yes No Arrival and departure Yes No

Do you require student insurance? (Cost £6.50 per week) Yes No

Do you have any special requirements or a medical condition that the school should assist you with? All serious medical conditions should be disclosed in this application. Yes No

Emergency contact details

This should be the name of the person we should contact in the event of an incident during your stay with us.

Name:

Email address: Contact telephone number:

Relationship to you: Country of residence:

Any additional notes if required

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