



EC ENROLMENT FORM 2018

Where do you want to study?

Boston <input type="checkbox"/>	New York <input type="checkbox"/>	Washington <input type="checkbox"/>	San Diego <input type="checkbox"/>
San Francisco <input type="checkbox"/>	Los Angeles <input type="checkbox"/>	Miami <input type="checkbox"/>	Montreal <input type="checkbox"/>
Toronto <input type="checkbox"/>	Vancouver <input type="checkbox"/>	Dublin <input type="checkbox"/>	Dublin 30+ <input type="checkbox"/>
London <input type="checkbox"/>	Cambridge <input type="checkbox"/>	Brighton <input type="checkbox"/>	Bristol <input type="checkbox"/>
Oxford <input type="checkbox"/>	Manchester <input type="checkbox"/>	Malta <input type="checkbox"/>	Cape Town <input type="checkbox"/>
New York 30+ <input type="checkbox"/>	Toronto 30+ <input type="checkbox"/>	London 30+ <input type="checkbox"/>	Malta 30+ <input type="checkbox"/>

About you

Male Female

First name: _____

Family name: _____

Date of birth: (DD/MM/YYYY) _____

Nationality: _____

What country do you live in? _____

Passport number: _____ Expiry Date: _____

What languages do you speak? _____

Occupation and company: _____

Emergency contact (name & phone number): _____

Address in your country: _____

Telephone: _____

Mobile: _____

Email: _____

How did you hear about us? _____

Your level of English?

Beginner Pre-Intermediate Upper Intermediate Advanced

Elementary Intermediate Pre Advanced Proficiency

Transfers & Flight Information

Transfers required? One Way Return None

Arrival date: (DD/MM/YYYY) _____

Arrival flight number: _____ Arrival time: _____

Airport/city of origin: _____

Arrival airport (including terminal): _____

Departure date: (DD/MM/YYYY) _____

Departure flight number: _____

Departure time: _____

Departure airport (including terminal): _____

When do you want to study?

Course start date: (DD/MM/YYYY) _____ Course end date: (DD/MM/YYYY) _____

Number of weeks: _____

Do you require a Student Visa? (Please note that it is your responsibility to obtain this if necessary) Yes No

I have read and accept the terms and conditions:

Signature: _____

Date: _____

We regard your privacy as important and shall comply with the Data Protection Act. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that EC will have access to it, and consent to such use. EC reserves the right to use information held herein for its internal marketing purposes. If you object to such use please tick here []

Which course would you like to follow?

Course	20 lessons	24 lessons	30 lessons
General English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English For Work	n/a	n/a	<input type="checkbox"/>
English in the City	n/a	n/a	<input type="checkbox"/>
Academic English	n/a	n/a	<input type="checkbox"/>
Mini Group	<input type="checkbox"/>	n/a	<input type="checkbox"/>
Business Mini Group	<input type="checkbox"/>	n/a	<input type="checkbox"/>
Cambridge Exam Preparation FCE <input type="checkbox"/> CAE <input type="checkbox"/> CPE <input type="checkbox"/>	<input type="checkbox"/>	n/a	<input type="checkbox"/>
Higher Score® TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/> TOEIC <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Semester/Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French for Work	n/a	n/a	<input type="checkbox"/>
French Exam Preparation (DELF/DALF)	n/a	n/a	<input type="checkbox"/>
Bilingual Programme	n/a	<input type="checkbox"/>	<input type="checkbox"/>
French Academic Semester/Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-to-One	Number of lessons _____		
Club 50+	<input type="checkbox"/>		
English for Global Career Development	8 weeks <input type="checkbox"/>	16 weeks <input type="checkbox"/>	
Career English in Practice	<input type="checkbox"/>		
Internship	<input type="checkbox"/>		
California Dreamin' Programme	3 weeks <input type="checkbox"/>	6 weeks <input type="checkbox"/>	

English Plus

Fusion 12 Fusion 6

Surfing Dancing

Gastronomy Safari

Farmstay 30+ Master Class

Diving: PADI Open Water PADI Advanced PADI Combined

University Admissions Service

Standard University Admissions Service

Premium University Admissions Service

Additional University Application 1 Partner 1 Non-Partner

Your Accommodation

Do you require accommodation? Yes No

Arrival Date: (DD/MM/YYYY) _____

Departure Date: (DD/MM/YYYY) _____

What type of accommodation would you like?

Accommodation Type	Type	Board
Please write the type or name of chosen accommodation: _____	Single Room <input type="checkbox"/>	Half Board <input type="checkbox"/>
	Twin Room <input type="checkbox"/>	B&B <input type="checkbox"/>
	Shared Room <input type="checkbox"/>	Self-catering <input type="checkbox"/>

Special Requests

Do you smoke? Yes No

Are you a vegetarian? Yes No

Can you live with dogs? Yes No

Can you live with cats? Yes No

Can you live with children? Yes No

Special requirements (allergies, medical conditions, dietary requirements): _____

PLEASE NOTE: EC will aim to accommodate special requirements, however certain requests may not be possible or may incur additional charges. All special requests are subject to availability and confirmation.

Optional Student Insurance

Would you like to purchase student insurance? Yes No