

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"/>	Fredonia <input type="checkbox"/>
Oswego <input type="checkbox"/>	Montreal <input type="checkbox"/>	Toronto <input type="checkbox"/>	Vancouver <input type="checkbox"/>
London <input type="checkbox"/>	Covent Garden <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"/>			

About you

Male <input type="checkbox"/>	Female <input type="checkbox"/>
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 <input type="checkbox"/>	Elementary <input type="checkbox"/>	Pre-Intermediate <input type="checkbox"/>
Intermediate <input type="checkbox"/>	Upper Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>

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

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"/>
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"/>
Exam Preparation TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/> TOEIC <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
DELFI/DALF Exam Preparation	n/a	n/a	<input type="checkbox"/>
Academic Semester/Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business 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"/>
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+

TOEFL/TOEIC Exam Prep Elective

Afternoon Option (London Only)

EAP

EAP Supplement

GRE Exam Prep Supplement

Standard University Admissions Service

Premium University Admissions Service

Additional University Application 1 Partner 1 Non-Partner

Work Experience

Volunteer Programme

Internship Programme, in _____

Charitable Volunteer Programme

Farmstay

English Plus

Surfing

Gastronomy

Acting

Farmstay

Diving: PADI Open Water Advanced Combined

Safari

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

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 []