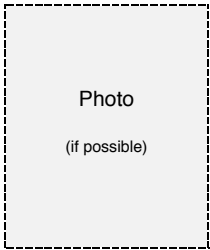




(For Office use only) On DB

Intensive School of English & Business Communication

ENROLMENT FORM



1) Personal Details

Family Name _____ First Name _____

Date of Birth __ / __ / ____ Male ___ Female ___ Nationality _____

Address in your country _____

Telephone Number _____ E-Mail Address _____

Passport Number _____ Place of Birth _____

Next of kin (name) _____ Next of kin (phone) _____

Do you have any allergies or Disabilities? _____

2) Course Details

Starting Date ____ / ____ / ____ Finishing Date ____ / ____ / ____

Hours per week: 6 ___ 9 ___ 15 ___ 18 ___ 21 ___ 24 ___ 30 ___ Other ___

Number of weeks: 2 ___ 3 ___ 4 ___ 6 ___ 8 ___ 12 ___ 16 ___ 24 ___ 28 ___ 36 ___ 48 ___ Other ___

General English Yes ___ No ___ IELTS Yes ___ No ___

Cambridge Examination PET ___ FCE ___ CAE ___ CPE ___ English for Business (EFB) ___

3) Accommodation Required? (Homestay organised by the school) Yes please ___ No thanks ___ (If yes, continue below)

Room Single Room ___ Shared Room ___ Board Half Board ___ Bed & Breakfast ___ Self Catering ___

Do you smoke? Yes ___ No ___ Do you have a special diet? _____

4) Arrival & Departure details

Date of arrival ____ / ____ / ____ Arrival Time _____ Flight N°: _____ Date of departure ____ / ____ / ____

Name of Airport: Heathrow ___ Gatwick ___ Stansted ___ Luton ___ London City ___

Airport Terminal: Heathrow: 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ Gatwick: North ___ South ___

Do you want ISE to arrange an Airport Pick-up? Yes ___ No ___

5) Method of Payment

Debit / Credit Card ___ Online ___ Bank Transfer ___ Agent ___

Card Number _____ Expiry Date __ / __ Sec _____

Card Type: _____ Start Date __ / __ IssueN° _____



Acceptance

I accept the conditions of booking as stated in the brochure and enclose payment of £100 deposit (minimum) / full fees of £ _____ (please delete as applicable) or proof of payment of this sum. I confirm payment of outstanding fees will be made 2 weeks before the course commences unless otherwise agreed by ISE.

Signature _____ Date _____

Please complete this form and send to ISE.