

PHOTO

APPLICATION FORM

Student name _____

English Level _____

PAID WORK EXPERIENCE PROGRAMME

Course title	Requirements	Course duration	Start date + duration
Hospitality Employment <input type="checkbox"/>	Age : 18 + Level B2 IELTS 5.5 +	25 weeks +	N° of weeks _____ Date _DD_/ MM_

- I would like to validate my work experience with an optional ILM Work Experience Certificate *
- I have attached a copy of my CV
- I have attached a copy of my academic certificates
- I have attached a copy of my English Language certificates
- * £95

GENERAL ENGLISH and IELTS (optional)

Course title	Requirements	Hours/week	Start date + duration
General English <input type="checkbox"/>	Age 16 + English level A1 to Advanced IELTS level 2.5 to 6.2 or equiv.	<input type="checkbox"/> Standard – 15h <input type="checkbox"/> intensive – 23 h <input type="checkbox"/> one-to-one	Date _DD_/ MM_ Date _DD_/ MM_
General English <input type="checkbox"/>	Age 16 + English level : A1 to Advanced IELTS level 2.5 to 6.5 or equiv.	23 hours (15 standard hours + 8 IELTS hours)	Date _DD_/ MM_ Date _DD_/ MM_

PERSONAL INFORMATION

Full Name :

Marital Status : N° of dependants : Sex : M F Date of birth : __/__/____

Address :

City : State :

Country : Postal/zip code :

Phone : + / Fax : + /

Email :

Visa required : NA General Student Visa Student Visitor Visa

Passport and visa details

Passport number : _____ Valid from : __/__/__ Valid Until : __/__/__

Country of issue : _____ Nationality : _____

Family name : _____ Country of birth : _____

Have you ever been refused a visa by any country ? Yes No
If yes, please give details _____

Do you have any criminal convictions in any country? Yes No
If yes, please give details _____

Date of arrival : __/__/__ do you require an airport Yes No Flight n° _____
transfer on arrival Arrival time (24h) ____/____

Date of departure : __/__/__ do you require an airport Yes No Flight n° _____
transfer on arrival Departure time (24h) ____/____

ACCOMMODATION

Accommodation preferences Residential Homestay Single room Twin Room En suite
Catering preferences B&B Half Board Full board Self catering only

Do you have any specific Yes No Number of
Dietary requirements? If yes please give details _____ Days : _____

Do you have any allergies/ Yes No
conditions requiring constant If yes please give details _____
medical attention

DECLARATION

By signing below, I confirm that I have read and understood and agree to be bound to the Terms and conditions. Signature of student or legal guardian (if student is under 18 years).

Signature of student : _____ Date : __/__/__

Signature of legal guardian (if under 18 years) : _____ Date : __/__/__