



APPLICATION FORM

All fields marked with an * must be completed

*I have read and understood the Additional Information Yes

PERSONAL INFORMATION

*Title _____ First Name(s) _____ *Family Name _____

*Date of Birth _____ *Nationality _____ *Occupation _____

*Address in home country _____

*Postal Code _____ *Country _____ Passport no. _____

*Telephone _____ Fax _____ *Email _____

*Address in UK _____

_____ *Postal Code _____ *County _____

*Telephone _____ Fax _____ *Email _____

WORK DETAILS

If you will be working in the UK, please provide employer details

*Company _____ *HR/Personnel Manager _____

*Employer's address _____

*Postal Code _____ *County _____

*Telephone _____ Fax _____ *Email _____

COURSE DETAILS

*Course name _____ *Number of hours per week _____

*Is the course Full time Morning Evening

*Start date _____ *End date _____ Length of course _____

*Please indicate your level of English

Elementary Pre-Intermediate Intermediate Advanced

*How long have you been learning English? _____

Please let us know any exams you have taken and results (eg IELTS) _____



ACCOMMODATION

Please complete this section if you require accommodation. Please note that accommodation is usually booked from Sunday to Saturday. If you require any extra nights accommodation, these will be charged at a rate of £14.00 per night.

*Arrival Date _____ *Departure Date _____

*Do you smoke? Yes No If YES, can we place you in non-smoking accommodation? Yes No

*Type of accommodation required

Homestay half-board Private home self-catering

Students' Residence Hotel Other, please specify _____

*Please let us know (below) if you have any medical conditions, allergies or special dietary requirements

*Do you have any other specific requirements regarding your accommodation?

FLIGHT DETAILS

*Arrival airport _____ *Flight number _____

*Arrival time _____ *Arriving from _____

*Do you require a transfer from the airport? Yes No

PAYMENT

How do you intend to pay your fees? Bank transfer Credit Card

If by credit card:
I will let you have my card details by Email Fax Telephone

Please note that in order to confirm your place, a deposit must be made within 7 days of your application

OTHER

*How did you find out about the school? Former student Advertisement Friends
Internet Other

If other please give details _____

Anything else you think we should know _____

If you have any further questions, please contact us and we will be happy to help _____

Signature of applicant _____ Date _____

Please mail this form to: The Bristol Language Centre
First Floor, 3 Portwall Lane
Redcliffe
Bristol BS1 6NB
England, UK

Or email it to: info@thebristollanguagecentre.co.uk
Or fax it to: 00 44 (0) 117 929 22 34
Telephone: 00 44 (0) 117 929 22 33
Website: www.thebristollanguagecentre.co.uk