



Chaucer College

## 2020 Course Enrolment Form

### PERSONAL INFORMATION

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport No.: \_\_\_\_\_

1<sup>st</sup> Line of Address: \_\_\_\_\_ 2<sup>nd</sup> Line of Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Please fill in the following information as accurately as possible. This includes contact details for the student's next of kin/contact in the event of a medical emergency. This information will be destroyed after the course and it is only shared with relevant members of staff in confidence as necessary.

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

1<sup>st</sup> Line of Address: \_\_\_\_\_ 2<sup>nd</sup> Line of Address: \_\_\_\_\_

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Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

### COURSE DETAILS

Please select the course that you wish to apply for.

- |  |   |   |
|--|---|---|
| General English 15 Hours <input type="checkbox"/>  | Intensive General English 30 Hours <input type="checkbox"/> | Business English <input type="checkbox"/>         |
| English for Work <input type="checkbox"/>          | Teacher Training <input type="checkbox"/>                   | Medical English <input type="checkbox"/>          |
| Intensive IELTS (2 Weeks) <input type="checkbox"/> | IELTS Preparation 15 Hours <input type="checkbox"/>         | IELTS Evening (5 nights) <input type="checkbox"/> |
| Cambridge Preparation <input type="checkbox"/>     | Junior Summer Camp <input type="checkbox"/>                 |   |

#### Course Dates

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_ Duration (Weeks/Nights): \_\_\_\_\_



## ACCOMMODATION

Accommodation is available from the day prior to course commencement and is charged weekly.

Residential  Homestay

Name of person you would like to share accommodation with (if applicable): \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

## AIRPORT TRANSFERS

Please complete this section if you would like us to organise an airport transfer for your arrival/departure.

Transfer required: On Arrival  On Departure

### Arrival Information

Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Airport: \_\_\_\_\_ Flight Number: \_\_\_\_\_

### Departure Information

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Airport: \_\_\_\_\_ Flight Number: \_\_\_\_\_

## BOOKING CONFIRMATION

Please do not make any travel arrangements until we have confirmed your place on the course.

I have read and accept the Terms & Conditions

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed booking form along with your non-refundable £50.00 registration fee to:

Chaucer College, University Road, Canterbury, Kent CT2 7LJ Email: [enrolment@chaucercollege.co.uk](mailto:enrolment@chaucercollege.co.uk)

