

Where do you want to study?

Boston

San Francisco

Oswego

London

Bristol

Cape Town

New York

Los Angeles

Montreal

Covent Garden

Oxford

Washington

Miami

Toronto

Cambridge

Manchester

San Diego

Fredonia

Vancouver

Brighton

Malta

About you

Male

Female

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

Pre-Intermediate

Upper Intermediate

Advanced

Elementary

Intermediate

Pre Advanced

Proficiency

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	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
English in the City	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
Academic English	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
Mini Group	<input type="checkbox"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
Business Mini Group	<input type="checkbox"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
Cambridge Exam Preparation FCE <input type="checkbox"/> CAE <input type="checkbox"/> CPE <input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
Exam Preparation TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/>	<input type="text" value="n/a"/>	<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"/>
Academic 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	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
French Exam Preparation (DELF/DALF)	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
Bilingual Programme	<input type="text" value="n/a"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Academic Semester/Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EAP	<input type="checkbox"/>	<input type="text" value="n/a"/>	<input type="checkbox"/>
One-to-One	Number of lessons _____		
Club 50+	<input type="checkbox"/>		
Afternoon Option (London Only)	<input type="checkbox"/>		
EAP Supplement	<input type="checkbox"/>		
GRE Exam Prep Supplement (10 lessons per week)	<input type="checkbox"/>		

Career Development

Career English In Practice

Charitable Volunteer Programme

Global Career Development Programme

Internship

English Plus

Surfing

Gastronomy

Farmstay

Diving: PADI Open Water

Advanced

Combined

Dancing

Farmstay

Safari

University Admissions Service

Standard University Admissions Service

Premium University Admissions Service

Additional University Application

☐

☐

1 Partner ☐ 1 Non-Partner ☐

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

Half Board

Twin Room

B&B

Shared Room

Self Catering

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 [ ]

ENROLMENT FORM