



## APPLICATION FORM

### Personal Details:

First Name:	Middle Name:
Family Name:	Date of Birth: DAY / MONTH / YEAR
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
First Language:	Passport Number: <input type="checkbox"/> Copy taken
Do you have any special needs or medical conditions?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details)
Do you have a learning difficulty, for example dyslexia?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details)
How can we help you with this if possible for us to do so?	

### Student's Contact Details:

Full address: including postcode	
Telephone Number:	Email address:

### Emergency Contact Details: Please give us details of someone we can contact in case of an emergency.

Full name:	Relationship:
Telephone Number:	

### Course Details: tick the appropriate box

Which course (s) are you doing? Choose one or more:

**I want to learn English:**  Beginner  Elementary  Intermediate  Advanced  Proficiency

**I want to practice for an exam:** Trinity  A1  A2  B1  B2  C1  C2  
 IELTS  Academic  General  Life Skills  
 Cambridge  FCE  CAE  CPE  
 LIUK  ESOL

**I need to check my level of English:**

<b>Hours per week:</b>	<b>Study Times:</b>	<b>Class Days:</b>
<b>Full-time:</b> <input type="checkbox"/> 15 hours	Morning: 10:00 - 13:00 <input type="checkbox"/>	Monday <input type="checkbox"/>
<b>Part-time:</b>	Afternoon: 13:30 - 16:30 <input type="checkbox"/>	Tuesday <input type="checkbox"/>
<input type="checkbox"/> 6 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 3 hours	Evening: 18:00 - 20:00 <input type="checkbox"/>	Wednesday <input type="checkbox"/>
Number of weeks:	Saturday: 10:00 - 12:00 & 12:30 - 14:30 <input type="checkbox"/>	Thursday <input type="checkbox"/>
Start Date:		Friday <input type="checkbox"/>
		Saturday <input type="checkbox"/>

### Student's Profile:

Reasons for studying? Choose one or more:	Occupation / Interests:
<input type="checkbox"/> Business / work <input type="checkbox"/> Certificate <input type="checkbox"/> Pleasure / Personal	Studied English before? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Further / Higher Education	

### Student's Details or Timetable Changes: Please complete if any of your details / timetable have changed

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### Referrals / Agent:

How did you hear about our school?
Do you have a friend / family to refer to our school? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please ask for a referral form

### Course Fees / Payment Options: You must pay your full course fees at least 14 days before the start date of your course.

Course fee: £.....	Flexilearning Centre HSBC Bank Details
Cash <input type="checkbox"/> Credit /Debit Card <input type="checkbox"/> Online Transaction / Bank <input type="checkbox"/>	<b>Sort Code:</b> 40-04-04
	<b>Account Number:</b> 51634933