

**Personal Details:**

Mr/Mrs/Miss: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Agent Information (If applicable):**

Name of Agent/ Representative: \_\_\_\_\_ File No: \_\_\_\_\_

Agent Tel No: \_\_\_\_\_ Agent E-mail: \_\_\_\_\_

**Emergency Contact Details**

Mr/Mrs/Miss: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Course Information:**

Course Name: \_\_\_\_\_ No of Weeks: \_\_\_\_\_

Hourse per Week: \_\_\_\_\_ PPW: \_\_\_\_\_ Deposit: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

**Accomodation:**

Host Family  Hotel  B & B  None

Date of Arrival: \_\_\_\_\_ Date of Departure: \_\_\_\_\_

Do you smoke:  Y/N Cats:  Y/N Dogs  Y/N Children  Y/N

Any medical condition/s ie diabetic: \_\_\_\_\_

Any Other requirements: \_\_\_\_\_

**Travel** (If you would like us to organise your transfers to or from your arrival destination, please fill out the information below)

Arriving At: \_\_\_\_\_ Departing: \_\_\_\_\_ One way taxi Transfer

Date: \_\_\_\_\_ Date: \_\_\_\_\_ Two way Taxi Transfer

Time: \_\_\_\_\_ Time: \_\_\_\_\_ Train

Flight No: \_\_\_\_\_ Flight: \_\_\_\_\_ Coach/Bus

**How will you be paying:**

By Bank Transfer (Account Details will be provided on the invoice)

Through Agent/Representative as above

By Cheque

By Credit Card

I wish to enroll on a course with inlingua Cardiff as detailed above. I have read and agree to the terms and conditions of enrolment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_