20200



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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal and Academic - Please complete | | | | | | | | | | | | | | | | | |
| Family Name | |  | | | | | | First Name | | | | |  | | | | |
| Home Address: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | |
| Telephone | | | | Mobile: | | | | Home: | | | | | | | | | |
| Nationality | | | |  | | | | Native Language | | | | |  | | | | |
| Sex (male/female) | | | |  | | | | Date of Birth | | | | |  | | | | |
| Do you smoke? | | | |  | | | | Do you object to smokers? | | | | |  | | | | |
| Do you object to young children? | | | |  | | | | Are you allergic to cats/dogs? | | | | |  | | | | |
| Health problems/allergies? Yes/No  Any special dietary requirements? Yes/No  Any medicines carried? Yes/No  If yes - please give details.  (Headed certificate signed by your family doctor required.) | | | | | | | | Details: | | | | | | | | | |
| Interests and hobbies | | | | | | | |  | | | | | | | | | |
| Level and Skills | | | | | | | | | | | | | | | | | |
| LEVEL OF ENGLISH? | | | | | Speaking | | Listening | | | Reading | | | | | Writing | | |
| From 1 to 10  (1 low/10 high) | | | | |  | |  | | |  | | | | |  | | |
| Mark in class | | | | |  | |  | | |  | | | | |  | | |
| Name of school/university | | | | |  | | | | | | | | | | | | |
| Please give details of any academic courses you are following, or examinations studied for: | | | | | | |  | | | | | | | | | | |
| Have you attended a Channel course before, if so when? | | | | | | |  | | | | | | | | | | |
| Dates and Duration (All courses begin on Sunday and end on Saturday) | | | | | | | | | | | | | | | | | |
| Date of Arrival | | |  | | | | | | | | | Number of weeks  [ ] weeks | | | | | |
| Date of Departure | | |  | | | | | | | | |
| Arrival Details and Taxi Transfers | | | | | | | | | | | | | | | | | |
| Do you require a taxi transfer to/from your host family? | | | | | | | | | YES | |  | NO | | | |  | |
| If yes, taxi fare to be paid directly to the driver in GBP sterling. | | | | | | | | | | | | | | | | | |
| GENERAL AND JUNIOR COURSES | | | | | | | | | | | | | | | | | |
| One to one |  | Two to one | | | |  | Name of person youare sharing with | | | |  | | | | | | |
| Hours tuition per week | | 10 | | | |  | 15 |  | | | 20 | | |  | | 25 |  |
|  | | | | | | | | | | | | | | | | | |
| **IN ENGLISH, please write a short description of yourself and your objectives in attending a**  **Channel English Studies Course. Please highlight any exam preparation required.** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

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| **PAYMENT DETAILS*:* by bank transfer** |
| Please confirm the name and address of the person or company responsible for payment of fees. |
| NAME |
| ADDRESS |

**Channel English Studies**

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