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  English Studies 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 – Age 12 + | | | | | | | | | | | | | | | | | | | |
| One to one |  | | | | | Name of person you are sharing with | | | | | | | | | | | | | |
| **Two to one** |
| 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** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Parental Authorisation :** This Section **MUST** be completed by a parent or legal guardian for any child under the age of eighteen | | | | | | | | | | | |
| Name of Parent or Guardian |  | | | | | | | | | | |
| Address (if different from Section One) |  | | | | | | | | | | |
| Profession | Father |  | Mother | | | |  | | | | |
| EMERGENCY CONTACT. Please give details of two contacts that can be reached in an emergency | | | | | | | | | | | |
| Name |  | | | Mobile | | | |  | | | |
| Name |  | | | Mobile | | | |  | | | |
| Please note children under the age of 18 are not permitted out of the teacher’s home alone after 19.00  (Any variation must be authorised in writing by the parent) | | | | | | | | | | | |
| Any activities you do not wish your child to participate in? | | | | |  | | | | | | |
| MEDICAL AUTHORISATION: In the event of an emergency, I authorise the NHS to take all measures necessary (including surgical intervention and blood transfusions) which may be necessary to safeguard my child’s life in accordance with the law of professional ethics  ………………………………………………………………………………………………………………………………..  **Signature of Parent or Legal Guardian** | | | | | | | | | | | |
| *Please note that entering a "Yes" indicates agreement with the authorisation above.* | | | | | | Yes | | |  | No |  |
| Any physical or psychological condition, including anorexia or bulimia must be disclosed on the registration form at the time of booking.. All personal information will be dealt with in the strictest confidence. | | | | | | | | | | | |

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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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