

Registration Form London 2019



Student Details

Family Name:			
First Name:			
Date of Birth	DD:	MM:	YYYY:
Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Nationality:			
First Language:			
Home Address:			
Country:			
Tel:			
E-mail:			
Additional learning support needs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:			
What is your estimated level of English?:			

Emergency Contact

Name:
Relationship to Student:
Telephone:
Email:

Visas

Do you need to apply for a Student Visa?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Passport number:		
Expiry Date	DD:	MM: YYYY:

Your course Digital Marketing Courses

Professional Diploma	<input type="checkbox"/>
Start Date	DD: MM: YYYY:

English Courses

	Standard	Intensive	Super-Intensive	Budget (PM)
General English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IELTS Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explore London			<input type="checkbox"/>	

Families

	Standard
Parent and Child*	<input type="checkbox"/>
Young Learners	<input type="checkbox"/>
Activities Supplement (Family)	<input type="checkbox"/>

*Please send child details separately

One to One

Number of lessons (5 minimum):

Course Details

Start Date	DD:	MM:	YYYY:
End Date	DD:	MM:	YYYY:
Number of weeks:			

Your stay Accommodation (Sunday to Saturday)

Do you require the College to arrange accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of Weeks:		

Please mark your **FIRST** choice with 1 and **SECOND** choice with 2. Accommodation is subject to availability.

Premium Residence:	Standard Residence:	
Homestay (Zone 3-5):	Homestay (Zone 2-3):	
Homestay Private Bathroom Supplement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Homestay Meal Plan	B&B <input type="checkbox"/>	HB <input type="checkbox"/>

Other Requirements

Are there any foods you do not eat? (Please Specify):			
Do you have any allergies to animals?	Cats <input type="checkbox"/>	Dogs <input type="checkbox"/>	Other <input type="checkbox"/>
Are you happy to live with a family with young children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have any medical conditions, disabilities or allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you smoke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Transfers Do you need an airport transfer?

Arrival transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Departure transfer	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Booking Use of Representatives

Has a representative of Bayswater College helped you with this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Company Name:		
Contact Name:		

How would you like to pay?

Bank Transfer	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
---------------	--------------------------	-------------	--------------------------	------------	--------------------------

Declaration

I have read and understood the Bayswater College Terms and Conditions I accept them willingly to the exclusion of all other terms and conditions. Terms and conditions can be found at www.bayswater.ac/terms
Signed:

Bayswater College shall comply with the Data Protection Act. We will only use personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Bayswater College will have access to it, and consent to such use. Bayswater College reserves the right to use information held herein for its internal marketing purposes. If you object to such use please tick here: