



# Adult Language Courses Registration Form

(please write clearly in CAPITAL LETTERS, mark the boxes with a tick)

## Personal Details

Family Name \_\_\_\_\_

First Names \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ Date of Birth: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Nationality \_\_\_\_\_ Occupation \_\_\_\_\_

First Language \_\_\_\_\_ Estimated Level of English Beginner  Elementary  Intermediate   
 Post Intermediate  Advanced

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Company/School \_\_\_\_\_

Previous Course with us? Yes  No  Date(s) \_\_\_\_\_

## Course Details

School: Edinburgh  Hastings

Course Name \_\_\_\_\_ Course Code \_\_\_\_\_

Start Date 1 \_\_\_\_\_ End Date \_\_\_\_\_ Number of weeks \_\_\_\_\_

External Exam Required? Yes  No

## Accommodation required?

Required? Yes  No  Host Family  Residential  Other \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_ Number of weeks \_\_\_\_\_

Special Needs? \_\_\_\_\_ Health Problems\* \_\_\_\_\_

Do you smoke? Yes  No  Will you have a car? \_\_\_\_\_

Single room required? Yes  No

*Please mention any special requirements or other information the hosts should know about you (eg. Requirement for non-smoking family, any special dietary requirements you have, medical conditions, allergies, etc)*

*\*If further space is required please detail all medical conditions separately and attach to this form.*

## Airport Transfer required?

Yes  No  On arrival  On departure

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_ Airport \_\_\_\_\_ Terminal \_\_\_\_\_

Airline \_\_\_\_\_ Flight Number \_\_\_\_\_ Arriving from \_\_\_\_\_

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Airport \_\_\_\_\_ Terminal \_\_\_\_\_

Airline \_\_\_\_\_ Flight Number \_\_\_\_\_

## Insurance required?

Yes  No

Period of Cover 16 days  22 days  31 days  6 weeks  2 months  3 months   
 4 months  5 months  6 months  7 months  8 months  9-12 months

## Registration Form *continued*

Who is the person or organisation responsible for payment of fees and other costs to EAC?

Course participant (over 17 years)  Employer  Parent  Agent

Other \_\_\_\_\_

*(if it is not the course participant please give full details for the EAC Accounts Department)*

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Payment *(please mark your chosen method of payment)*

The deposit of £100 is payable at the time of registration. The balance of fees must be received by EAC at least 28 days before the start of the course.

**Important** We can accept payment only in pounds sterling. With all payment documents you must include (1) full name of course participant (2) EAC Centre Location, Course and Start Date (3) Specify Deposit or Balance of Fees.

- Bank Transfer:** The bank transfer supplement of £10.00 must be added to the total to cover EAC bank charges, and all other charges made by the sending bank must be paid in advance. Send a copy of the bank transfer document to EAC by post or fax. Ask your bank to send the transfer to this bank account:

UK pounds: Account No: 61833618 Sort Code: 40-18-22

EAC Language Centres UK Ltd, HSBC, 9 The Boulevard, Crawley, West Sussex, RH10 1UT

SWIFT: MIDLGB2167F LONDON 401822 61833618

IBAN: GB40 MIDL 4018 2261 8336 18

- Cheque:** Payable to 'EAC Language Centres UK Ltd'

Cheques must be drawn on a bank account in UK pounds sterling

- Credit Card:** (Visa or Mastercard)

Please complete the following section and remember that credit card payments are subject to 2.5% surcharge.

Please sign authorisation:

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Security Code (if applicable) \_\_\_\_\_

Amount to be charged: £ \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholders signature \_\_\_\_\_

Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

*Alternatively you can phone our head office (see number below) and make the payment over the phone.*

### Declaration and Signature

The signatory to this Registration Form hereby confirms that they have received and understood the terms and conditions outlined in the relevant EAC documentation including our cancellation and refund policy. The signatory further confirms that they accept full responsibility for the payment of all course fees and other sums due to EAC, and confirms that the information given on this form is complete and correct. The signatory authorises EAC to take appropriate action in the event of a medical emergency and understands that they are responsible for all medical bills incurred.

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

(PRINT FULL NAME) \_\_\_\_\_

**EAC Language Centres UK Ltd**  
59 George Street  
Edinburgh  
EH2 2JG

Tel: 0131 477 7570

Fax: 0131 477 7571

Email: [info@eac4english.com](mailto:info@eac4english.com)

Web: [www.eacworld.com](http://www.eacworld.com)

**AGENT**