

Application Form

Office only: **Date:** **Student Number:** **P.T.:**

Personal details

Name:	Title: Mr/Mrs/Ms/Miss
Date of Birth: dd/mm/yyyy	Nationality:
First language:	Male or Female:
Current Address:	
City:	Post Code:
Email address:	Phone number:
Emergency contact name in Cardiff:	
Relationship:	Tel no.:
Next of kin (family):	
Relationship:	Tel no.:
Permanent home address (in home country):	
Home tel. no:	Home Mobile:

Previous Studies

Please tick ✓ the correct box

Have you previously studied English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School & Location:	Date:	
How would you describe your level of English?		
Elementary <input type="checkbox"/>	Pre-intermediate <input type="checkbox"/>	Intermediate <input type="checkbox"/>
Upper-intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	
Have you taken any English exams? (e.g. IELTS, Cambridge exams, TOEFL, etc.)		
Name of exam:		
Date taken:	Grade Achieved:	

Course Requirements

Please tick ✓ the correct box

General English Part-time <input type="checkbox"/>	General English Full-time <input type="checkbox"/>
IELTS Part-time <input type="checkbox"/>	IELTS Full-time <input type="checkbox"/>
F.C.E. Preparation Part-time <input type="checkbox"/>	F.C.E. Preparation Full-time <input type="checkbox"/>
C.A.E. Preparation Part-time <input type="checkbox"/>	C.A.E. Preparation Full-time <input type="checkbox"/>
Pre-sessional Course (August & September only) <input type="checkbox"/>	Summer School <input type="checkbox"/>
Private Classes <input type="checkbox"/>	Other <input type="checkbox"/> Please specify

Do you need a visa to study in the U.K.?

No Yes

Exams

Please tick ✓ the correct box

Are you intending to sit a recognised examination at the end of your course? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please select from these options: IELTS <input type="checkbox"/> CAE <input type="checkbox"/> FCE <input type="checkbox"/> PET <input type="checkbox"/> Other <input type="checkbox"/>

Course date and times

Date of arrival: dd/mm/yy	Date of departure: dd/mm/yy
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Accommodation

Please tick ✓ the correct box

Do you need help finding for accommodation in Cardiff? Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical information:

Do you have any illnesses? Yes <input type="checkbox"/> No <input type="checkbox"/> What are they?
Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> What are they?
Are you taking any medication? Yes <input type="checkbox"/> No <input type="checkbox"/> What is it?
Do you have any disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> What is it?

How did you find about Peartree Languages?

Please tick ✓ the correct box

- | | |
|---|--|
| <input type="checkbox"/> The Parade | <input type="checkbox"/> Coleg Glan Hafren |
| <input type="checkbox"/> A friend | <input type="checkbox"/> Advert in Tesco |
| <input type="checkbox"/> Internet (Give details): | <input type="checkbox"/> Other (Give details): |

Declaration:

- I have provided my original passport or .I.D. document, including visa if applicable.
- I understand that the deposit is non-refundable and non-transferable.
- I agree to pay my course and accommodation fees in full in advance or on the first day of the course at the latest.
- I declare that all the information given is correct and complete.

Applicants under the age of 18 must ask a parent or guardian to sign and contact us for a parental consent form.
Please enclose a copy of your passport or ID card with this application.

Signature :

Date:

Print name:

- Please complete ALL information on this form. Incomplete forms will result in a delay in your application.
- Please now return this form by email to info@peartreelanguages.com or in person.
- Thank you for your interest in Peartree Languages, we'll see you soon!

