

Application Form For International Students

Please complete this form in **BLOCK CAPITALS**

COURSE DETAILS:

Course Required

ENGLISH COURSES

Subjects

GENERAL ENGLISH 21

Course Dates

From: 07/AUG/2017

To: 01/SEP/2017

Expected Arrival & Departure Dates (if known)

From: 06/AUG/2017

To: 02/SEP/2017

PERSONAL DETAILS

Family name

YAMADA

First name

HANAKO

Gender (please tick appropriate box)

Male

Female

Title

MISS

Nationality

JAPAN

Date of Birth

DD 01

MM JAN

YY 1995

Country of Birth

JAPAN

CONTACT DETAILS

Your address

(if you are under 18 please give your parents' / guardian's address)

House: 1-1-101

Street: RYUGAKU

City: GOGAKU-SHI

District: TOKYO

Country: JAPAN

Your contact numbers

(Please include area code numbers)

Telephone: +81 3-1111-1111

Fax: +81 3-1111-1111

Mobile: +81 90-1111-1111

Email: HANAKO@LANGPEDIA.COM

Agent's Name and Address (if applicable)

House:

Street:

City:

District:

Country:

Agent's Name: LANGPEDIA

Agent's Contact Numbers (Please include area code numbers)

Telephone:

Fax:

Mobile:

Email: SUPPORT@LANGPEDIA.JP

EMERGENCY CONTACT

Emergency Contact Address

House: 1-1-101

Street: RYUGAKU

City: GOGAKU-SHI

District: TOKYO

Country: JAPAN

Emergency Contact Numbers (Please include area code numbers)

Telephone: +81 3-1111-1111

Fax: +81 3-1111-1111

Mobile: +81 90-2222-2222

Email: TAROU@LANGPEDIA.COM

ACCOMMODATION

IMPORTANT: Please indicate your 1st and 2nd choice of accommodation e.g. for 1st choice for 2nd choice

For students aged 16-17 years

- Woodlands Halls of Residence
A minimum stay of one year (Full-board only)
- Home stay (Half board)
- Homestay Self-catering (For those aged 17+ONLY)

Up to four students may be accommodated in homestay.

For students aged 18 years and above

- Westgate Halls of Residence – A minimum stay of four weeks
- Homestay Half-board Homestay Self-catering

Up to four students may be accommodated in homestay.

ACCOMMODATION REQUIREMENTS

	YES	NO		YES	NO
Are you willing to share a room?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any medical problems? If Yes, please state which	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you willing to share with students who speak the same first language as you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>		
Are you vegetarian?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you Smoke?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any foods you cannot eat? If Yes, please state which	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you willing to live in a household with smokers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="text"/>			Many British families have pets. Please tick the appropriate box(es) if you have an allergy to cats and/or dogs	<input type="checkbox"/>	<input type="checkbox"/>
If under 18, are you willing to share with students who are 18+?	<input type="checkbox"/>	<input type="checkbox"/>	I have an allergy to: Dogs Cats	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any special requests regarding accommodation?					
<input type="text"/>					

MEDICAL DETAILS - All questions MUST be answered (Any relevant medical reports should be attached to this form)

Have you had any of the following :	YES	NO		YES	NO
Asthma, Bronchitis or breathing problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have any physical handicap that may affect your accommodation requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heart condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you take any medication of any kind, Whether prescribed or not?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fits, Epilepsy, fainting or blackouts?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have you recieved any medical, surgical or psychiatric treatment of any kind from a Doctor or in hospital in the last 3 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Severe headaches or migraines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you have a Learning Difficulty eg Dyslexia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other illness or disability?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Allergies to medicines, drugs or food etc?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Eczema or other skin disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Hepatitis A or B?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Tuberculosis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

If you answered yes to any of the questions in this section, please give details:

Have you been vaccinated against Tetanus in the last 5 years, Hepatitis A or B, Diptheria, MMR (Measles, Mumps, Rubella), Meningococcal?

If No, which ones have you not been vaccinated against

YES NO

Medical Information

The medical information you provide will be used to assist us to process your application appropriately.

The information will be shared with relevant parties and only in order to ensure your wellbeing whilst living in College accommodation.

If for any reason you do not want the information to be passed to anyone else, please tick the box

PAYMENT OF FEES OR DEPOSIT

Who is paying for your tuition fees?

Yourself, parents or family Agent Other (please specify)

Who is paying for your accommodation fees?

Yourself, parents or family Agent Other (please specify)

Are you sponsored by the Hong Kong Government? Yes No

You may pay your fees, course deposit or accommodation arrangement fee by one of the following methods: (please tick your preferred choice)

The best and easiest way to pay is by Pay2Study
Alternatively you can pay by the following ways: Bank Transfer Cash Credit Card Cheque Bankers Draft

VISA SECTION

Have you previously studied in the UK? Yes No

Have you previously had a Tier 4 Visa? Yes No

If you answered yes to any of the above Visa questions, please provide copies of all the old UK visas.

PARENTAL PERMISSION (Must be completed if you are under 18 years of age)

Dear Parent/Guardian,

Throughout the year the College will be running a variety of day trips and visits. Details will be given on each trip/visit however to ensure smooth running of the process we ask that you complete a consent form for your son/daughter to take part in these activities.

I wish my son/daughter

(full name of student in capitals please)

Date of birth: Student ID No:

To be allowed to take part in College day trips/visits throughout the academic year which begins in September and ends in July and agree to his/her taking part in any or all of the activities described under the conditions set out. I understand that during these trips students may have free time and will not be directly supervised but that all trip supervisors will be contactable.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that rules and any instructions given by the staff in charge are obeyed.

I understand that, while the College staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

(Note: your son/daughter will be covered by the College's insurance in the event of injury incurred during the excursion).

I consent to any emergency medical treatment necessary during the course of the visit.

Signed:

Date:

Relationship:

Note: photographs may be taken that include your son/daughter. If you do not wish such pictures to be used for normal publicity purposes including the College's publicity material, please tick box

SIGNATURE (Student or Parent/Guardian if student is under 18 years old). IMPORTANT: By enrolling the student on the course the parent/guardians are granting permission for the student to attend all activities organised by the College.

I agree that the information contained on this form can be given to my accommodation provider

Signature

Date

Whilst every effort will be made to meet your specific request, accommodation is limited. The sooner you submit this form the more likely that your needs will be met. Please return this form and deposit to: International Centre, Chichester College, Westgate Fields, Chichester, West Sussex. PO19 1SB ENGLAND

AIRPORT TRANSFERS

Not required	<input type="checkbox"/>	Yes, Stansted (one way)	<input type="checkbox"/>
Yes, Gatwick (one way)	<input type="checkbox"/>	Yes, Stansted (return)	<input type="checkbox"/>
Yes, Gatwick (return)	<input type="checkbox"/>	Yes, Southampton (one way)	<input type="checkbox"/>
Yes, Heathrow (one way)	<input type="checkbox"/>	Yes, Southampton (return)	<input type="checkbox"/>
Yes, Heathrow (return)	<input checked="" type="checkbox"/>		

* If you have requested a transfer service, please send us your flight details once you have booked your flight.