



ENROLMENT FORM

Please complete this form and send it to The Cambridge College of English, together with proof of your Deposit or Course fees and proof of insurance (if appropriate).

The Cambridge College of English, Compass House, Vision Park, Chivers Way, Histon, Cambridge CB24 9AD, United Kingdom.

Tel: +44 (0) 1223 253709 Fax: +44 (0) 1223 257800

Email info@english-in-cambridge.com

Course Information

Which course are you applying for?

(One form should be filled in for each applicant)

Residential Business English Course _____

In-House Corporate Training _____

Home Tuition _____

Course date: _____

Personal Data

Male

Female

Date of birth _____

Birthplace _____

Last name _____

First name _____

Address _____

The Cambridge College of English Limited.
Registered Company Address: The Cambridge College of English Limited, Bowland House, West Street, Alresford, Hampshire, SO24 9AT. United Kingdom. Company registration number: 06729975.



Postal Code _____ Country _____
Tel: Home _____ Tel: Work _____
Tel: Mobile _____ Fax number _____
Email _____

Country of citizenship _____
Your English language level now _____
Job title _____
Your occupation _____
Your company/group _____
Type of business _____

How did you hear about The Cambridge College of English?

Website Agent
Other (please specify) _____

Insurance

Please only give details if applying for The Cambridge Residential Business English Courses, otherwise go to “Payment” section.

Insurance should cover (please tick boxes):

- Medical Treatment and Expenses
- Personal accident and injury
- Personal Liability
- Loss of personal belongings & valuables (including cash)
- Loss of passport, tickets & travel documents
- Repatriation costs
- Loss of fees in the event of cancellation

Insurance Company name _____

Policy number _____

Insurance Company emergency telephone number _____

Health

Do you have any history of, or existing medical conditions (physical or mental) or allergies?

Yes

No

If yes, please specify _____

Travel

Arrival in UK, Date/Time _____

Departure from UK, Date/Time _____

Do you need a taxi transfer? _____

Please give your travel details below, ie flight number and airport or train details

Payment

Total sent: _____
(in GBP UK Pounds Sterling)

Bank transfer reference: _____

Date Sent: _____



Your Signature

I have read and agree to the terms and conditions outlined on this website.

Signature of applicant

Date
