



The Language Institute
EDINBURGH

Please attach
recent
photograph

REGISTRATION FORM – ENGLISH COURSES EDINBURGH - Please complete in BLOCK CAPITALS

PERSONAL DETAILS

Name:	
Date of Birth:	
Nationality:	
Address:	
Email:	
Tel No:	
Please give us the name and number of an emergency contact:	
If you are an agent of TLI Please write your name here:	

COURSE INFORMATION

Please check course type <input checked="" type="checkbox"/>	General English (15 hours per week)	<input type="checkbox"/>	Intensive General English (22.5 Hours per week)	<input type="checkbox"/>	Afternoon English (7.5 hours per week)	<input type="checkbox"/>
	Exam Preparation (22.5 hours per week) (Please check dates on website)	<input type="checkbox"/> (Please choose exam) IELTS <input type="checkbox"/> FCE <input type="checkbox"/> CAE <input type="checkbox"/> CPE <input type="checkbox"/>				
	Afternoon Exam Preparation (7.5 hours per week) (Please check dates on website)	<input type="checkbox"/> (Please choose exam) IELTS <input type="checkbox"/> FCE <input type="checkbox"/> CAE <input type="checkbox"/> CPE <input type="checkbox"/>				
	Intensive business English (15 Hours per week)	<input type="checkbox"/>	Intensive business English (22.5 Hours per week)	<input type="checkbox"/>	Intensive business English (30 Hours per week)	<input type="checkbox"/>
Course Start Date		Finish Date				
Current English Level (Please check) <input checked="" type="checkbox"/>	<input type="checkbox"/> Elementary <input type="checkbox"/> Pre-Intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper Intermediate <input type="checkbox"/> Advanced					

ACCOMMODATION

Do you need accommodation in Edinburgh	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please check which type of accommodation needed <input checked="" type="checkbox"/>	Home stay <input type="checkbox"/> Home stay single room <input type="checkbox"/> (subject to availability)
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Airport Transfer required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Flight Number	Date
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HEALTH / WELFARE

Are you travelling alone to Edinburgh?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you need any special medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please give details of any health problems that might need attention during your course	
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If you are NOT from the EU please state if you have a visa to study in the UK	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Consent details (to be completed by a legally responsible adult if student is under 18 years of age at start of course)

Name of responsible adult:

Relationship to child:
(e.g parent / legal guardian)

Date of Birth:

Nationality:

Address:

Email:

Tel No:

Please use this space to tell us anything else that you think it is important for us to know.

I hereby confirm my enrolment on an English Language course at TLI English School,

Signed (Student) Date.....

or

Signed (Legal Guardian) Date.....