



# Application Form for English Language Course

(UK and EU Applicants)

## Personal Details

Mr.  Mrs.  Miss  Ms.  Other.

First Name

Middle Name

Surname Name

Date of Birth (DD/MM/YYYY)

Gender (tick one) Male  Female  Other

Please affix one (1) passport size photograph here.

Email :

Telephone:

Postal Address:

Country:

Nationality:

Post Code:

City:

Passport: / ID No

Expiry Date:

Date of Issue:

Country

Telephone Number

Mobile Number

Commencement Dates: Jan  Feb  Mar  May

Oct  Nov  Sep

Course Durations: 1 Month  3 Months  6 Months  11 Months

Sessions per week: 1 Session  2 Sessions  3 Sessions  4 Sessions

**PARENTS / GUARDIAN or NEXT of KIN**

Please note that this can be any member of your family, who is either in your home country or in the intended country of your destination.

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Address:	<input type="text"/>	Telephone:	<input type="text"/>
		Post Code:	<input type="text"/>

**Courses** ( Please tick box[✓] to select the course you wish to undertake)

<b>General English :</b>	Beginners	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
<b>IELTS:</b>	B1	<input type="checkbox"/>	B2	<input type="checkbox"/>	C1	<input type="checkbox"/>
<b>Cambridge English</b>	KET	<input type="checkbox"/>	PET	<input type="checkbox"/>	FCE	<input type="checkbox"/>
<b>ESOL:</b>	Level 1	<input type="checkbox"/>	Level 2	<input type="checkbox"/>	Level 3	<input type="checkbox"/>
<b>Legal English:</b>		<input type="checkbox"/>	<b>Business English:</b>			<input type="checkbox"/>
<b>Trinity College:</b>	ESOL	<input type="checkbox"/>	STEP 1	<input type="checkbox"/>	STEP 3	<input type="checkbox"/>
<b>Trinity College:</b>	ISE	<input type="checkbox"/>	SEW	<input type="checkbox"/>		
<b>Trinity College:</b>	Skills For Life	<input type="checkbox"/>				

## Educational Qualifications

School Examinations Taken / To Be Taken

Year	Examination Body	Subjects Taken	Level	Grade Obtained

## Disability

1. Do you have a disability ?      No       Yes       (Please tick as appropriate)

If '**No**' please skip **No. 2** and proceed to the next section.

2. If '**YES**' please give details of your disability

## **Where did you hear about LCBL courses?**

Agency Referral e.g. Job Centre Plus

Employer Recommendation

Friend / Word of Mouth

Newspaper Advert

Website - please specify:

Flyer / Leaflet

Other ( Please state below ):

## **Terms and Conditions of Acceptance:**

1. Enrolment on a course at our College constitutes a binding learning contract between you (the student) and London College of Business and Law (LCBL) to pay your tuition fees in full and diligently attend all your classes on time and participate in class discussions. LCBL reserves the right to expel you from the College if you breach any of the terms and conditions of your acceptance.
2. In the event of absence for medical or other reasons, you are required to inform the Admissions Office at least a day in advance of the scheduled class.
3. Time-tables and Fees may be altered at the discretion of the College.
4. The College reserves the right not to run courses as advertised, as courses will only be run if justified by demand. Fees already paid will be refunded in the event of course cancellation and you may be offered alternative courses.
5. Our College must be notified immediately of any change of address or telephone number and other personal details.
6. For all students at LCBL, payment of your fees in full is required at the time of enrolment and before issuance of Acceptance Letters.
7. Fees are not refundable or transferable once you have commenced your course, whilst allowance cannot be made for non-attendance, sickness or withdrawal from the course.
8. This Application Form when duly completed must be accompanied by 1 passport size photograph, together with a copy of the Bio-data page of your Passport. This is necessary because it is compulsory for all students to confirm their identity and nationality by producing the original of their Passport and permitting a copy to be made for our student records.

I HAVE READ AND UNDERSTOOD THE CONDITIONS WRITTEN ABOVE AS WELL AS THOSE CONCERNING CLASS ATTENDANCE AND COURSE FEES AND AGREE TO FOLLOW AND ABIDE BY THEM IF ACCEPTED BY THE COLLEGE.

Signature: \_\_\_\_\_