

## 1. Personal Information

Last Name	First name	Telephone Number
Address - Street and number		Fax Number
City	Province/State	E-mail
Postal Code	Country	Nationality
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth dd/mm/yy	
Do you have any allergies or other serious medical conditions ?		Agency Name, if applicable
Emergency Contact Name:	Relationship:	Tel:

## 2. Program Information - Select program and duration of study

Core English Program - Select options below

**A.** Core English 20  **B.** Core English Plus 28 - 1 workshop  **C.** Core English Plus 32 - 2 workshops  **D.** Core English Plus 32 - Focussed Course. If you selected D above, please **select your Focussed course:**

 TOEFL  IELTS  TOEIC  Cambridge  Academic Writing  English for Professions  Intl. Business Communication  Hospitality 

Focus on Communication	Exam Power Preparation <sup>1</sup>	ELT TESOL <sup>3</sup>
24 Lessons <input type="checkbox"/> 28 Lessons <input type="checkbox"/>	TOEFL <input type="checkbox"/> IELTS <input type="checkbox"/>	Professional <input type="checkbox"/> International <input type="checkbox"/>
Teacher Homestay	Academic Pathway <sup>2</sup>	Private Lessons
15 hours <input type="checkbox"/> 20 hours <input type="checkbox"/> per week	12 weeks <input type="checkbox"/>	Number of Hours _____
Quest Adventure Camps	Homestay Experience Program	Parent Child Program <input type="checkbox"/>
Weeks: 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Weeks: _____ complete 3. below	Complete one form per person

### Options

**English MAX:** \_\_\_\_\_ Weeks. Combine with any primary program

Chat Buddy: _____ weeks	Volunteer Placement <input type="checkbox"/>	TESOL Practicum <input type="checkbox"/>	Working Holiday Placement <input type="checkbox"/>
Number of weeks of study: _____	Start Date: dd/mm/yy		
Indicate your current level of English	Pre-Beginner <input type="checkbox"/> Beginner <input type="checkbox"/> Low intermediate <input type="checkbox"/> High Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>		
Notes: <sup>1</sup> 32 lessons. <sup>2</sup> 28 lessons. <sup>3</sup> 30 Lessons Course only: 100 hours. Practicum (necessary for certification): 20 hours			
Health Insurance: \$2 per day. Start Date: dd/mm/yy End Date: dd/mm/yy			

## 3. Accommodation Information - select length and type of accommodation

**Select length and type of accommodation - or I don't need accommodation  go to section 4**

Number of weeks: \_\_\_\_\_ Start Date: dd/mm/yy End Date: dd/mm/yy

Homestay	Meals 1 <input type="checkbox"/> Breakfast only 2 <input type="checkbox"/> Breakfast, Dinner 3 <input type="checkbox"/> Breakfast, Lunch, Dinner	Pets? Yes <input type="checkbox"/> No <input type="checkbox"/>	Dog? Yes <input type="checkbox"/> No <input type="checkbox"/> Cat? Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
		Children? Yes or no, indicate age.	Yes <input type="checkbox"/> No <input type="checkbox"/> Age Preference: age /to/ age
		Special Requests, if possible?	
Residence	Basic <input type="checkbox"/> <sup>1</sup> Standard <input type="checkbox"/> <sup>2</sup>	Private Apartment <input type="checkbox"/>	<sup>1</sup> Private homes, self-catering, not situated in the city centre. <sup>2</sup> Mostly available from early May to third week in August.
Dietary requests (subject to surcharge)?			

## 4. Arrival Information / Airport Service

**Do you require airport pickup? Yes  No**  Yes or No, please provide arrival information

Date of Arrival: dd/mm/yy	Arrival time: AM <input type="checkbox"/> PM <input type="checkbox"/>
Pickup by: Representative <input type="checkbox"/> Limousine Service <input type="checkbox"/>	Flight Name / Number:
<b>Return Service?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> By: Limousine Service <input type="checkbox"/> <u>or</u> Representative <input type="checkbox"/> Escorted drop-off - To counter/boarding <input type="checkbox"/>	

## 5. Payment Information - Deposit required for processing application.

Tuition: \$ \_\_\_\_\_ Accommodation: \$ \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

### Payment Method

 Wire Transfer (see reverse)  Travelers cheque  Visa  Master Card  Amex 

Name on Card			
Card Number	Security #	Expiry Date:	
Signature _____	Date: dd/mm/yy		

By signing you understand and agree to the fee and refund policy stated on the reverse side of this form.