

# Swindon School of English Application Form

## PERSONAL DETAILS

First name:	Family name/surname:	Other names:
Date of birth:	Nationality:	First language:
Address:		
Home telephone:	Mobile:	E-mail address:
Do you suffer from any illness or disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please give details in a separate letter and enclose with this application.

## PERSON TO CONTACT IN CASE OF EMERGENCY

First name:	Family name:	Relationship to you:
Address:		
Home telephone:	Mobile:	E-mail address:

## COURSE

Name of course:	Preferred time of study: AM / PM / Evening	Start date:	Finish date:
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## ACCOMMODATION

Would you like to book homestay accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO	Room type: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE	Type of homestay: <input type="checkbox"/> FULL BOARD <input type="checkbox"/> HALF BOARD <input type="checkbox"/> BED AND BREAKFAST <input type="checkbox"/> ROOM ONLY
Start date:	Finish date:	Do you smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you eat meat? <input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have any special dietary or other requirements:

If you need help booking alternative accommodation, please tick:

HOTEL  BED AND BREAKFAST  FLAT  PRIVATE ROOM

## YOUR SIGNATURE

I have read and agree to Swindon School of English's terms and conditions and wish to apply for the above course.

Signature:	Date:
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