

Registration Form



Location

London	<input type="checkbox"/>	Liverpool	<input type="checkbox"/>	Cambridge	<input type="checkbox"/>
Brighton	<input type="checkbox"/>	Bournemouth	<input type="checkbox"/>		
Cape Town	<input type="checkbox"/>	Cyprus	<input type="checkbox"/>	Paris	<input type="checkbox"/>
Toronto	<input type="checkbox"/>	Calgary	<input type="checkbox"/>		

Student Details

Family Name:					
First Name:					
Date of Birth	DD:	MM:	YYYY:		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>		
Nationality:					
What country do you live in?:					
First language:					
Home Address:					
Country:					
Tel:					
E-mail:					
Additional learning support needs?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please:					

Emergency Contact

Relationship to Student:
Telephone:
Email:

Your Current Level of Level of English/French

Beginner	<input type="checkbox"/>	Elementary	<input type="checkbox"/>
Pre-Intermediate	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>
Upper-Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
Proficiency	<input type="checkbox"/>		

Your course

1st course

Course Name:	
Start Date DD/MM/YYYY	End Date DD/MM/YYYY
Number of weeks (if applicable):	

2nd course/location

Course Name:	
Location:	
Start Date DD/MM/YYYY	End Date DD/MM/YYYY
Number of weeks (if applicable):	

Visas

Do you need to apply for a Student Visa?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Passport number:				
Expiry Date	DD:	MM:	YYYY:	

Insurance

Do you want Insurance? (UK only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
From:	To:			

Your stay

Accommodation (Sunday to Saturday)*

Do you require accommodation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Number of Weeks:				

Please write your **FIRST** choice and **SECOND** choice.
Accommodation is subject to availability

Accommodation type (1st choice):				
Accommodation type (2nd choice):				
Homestay Board:	Bed & Breakfast	<input type="checkbox"/>	Half-board	<input type="checkbox"/>
Start Date	DD:	MM:	YYYY:	
End Date	DD:	MM:	YYYY:	

*visit bayswater.ac/accommodation for all options

Other Requirements

Do you require shuttle bus service (Cyprus only)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Are there any foods you do not eat? (Please Specify):						
Do you have any allergies to animals?	Cats	<input type="checkbox"/>	Dogs	<input type="checkbox"/>	Other	<input type="checkbox"/>
Are you happy to live with a family with young children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Do you have any medical conditions, disabilities or allergies?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Do you smoke?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Transfers

Do you need an airport transfer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Arrival airport:	Flight code:			
Arrival time:	DD:	MM:	YYYY:	
Departure airport:	Flight code:			
Departure time:	DD:	MM:	YYYY:	

Booking

Use of Representatives

Has a representative helped you with this application?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Company Name:				
Contact Name:				

How would you like to pay?

Bank Transfer	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
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Declaration

I have read and understood the Bayswater Education Terms and Conditions. I accept them willingly to the exclusion of all other terms and conditions. Terms and conditions can be found at www.bayswater.ac/terms	
Signed:	

Bayswater Education shall comply with the Data Protection Act. We will only personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Bayswater Education will have access to it, and consent to such use. Bayswater Education reserves the right to use information held herein for its internal marketing purposes. If you object to such use please tick here