Registration form

LSI PORTSMOUTH
International House
Portsmouth

PERSONAL DETAILS

First Name: _____

Surname: _____

Gender: _____

Nationality: _____

Passport Number: _____

Date of Birth: _____

Contact Tel: _____

Email Address: _____

Home Address: _____

_____

Occupation/Job: _____

Please give details of any special needs, learning difficulties or medical conditions the school should be aware of:

_____

How did you hear of LSI/IH Portsmouth?

☐ Representative   ☐ British Council

☐ Ex-Students   ☐ Friends

☐ International House   ☐ Social Media: _____

COURSE DETAILS

Please choose the programme you require:

☐ 30+ CORE (15 hours – mornings only)

Afternoon options:

    ☐ Intensive

    ☐ Business Communication

    ☐ Individual 5 hours

    ☐ Individual 10 hours

    ☐ Culture

Dates of Course: _____

Number of weeks: _____

Would you like to join the trainer-accompanied lunch programme?

☐ Yes   ☐ No

LEVEL OF ENGLISH:

	Very good	Good	Inter-mediate	Weak	Very weak
Speaking					
Listening					
Reading					
Writing					

Where did you learn your English?

☐ At School – if so, how many years? _____

☐ At evening classes or language school – how many hours in total?

_____

☐ Other _____

Do you have any English language certificates or qualifications?

_____

ACCOMMODATION

1. Would you like us to arrange homestay or self-catering accommodation for you?

☐ Executive Homestay   ☐ Self-catering   ☐ No, thanks

2. Do you smoke?   ☐ Yes   ☐ No

3. If you have chosen homestay, do you have any special preferences, e.g. size of family, age, children, household pets, hobbies/interests?

_____

4. Any allergies? _____

5. Any special dietary needs? (supplement may apply)

_____

6. Any health problems or disabilities?

_____

ARRIVAL DETAILS

Date & time: _____

Flight Number & Airport: _____

Do you require an airport taxi transfer?

☐ No   ☐ Yes, one way   ☐ Yes, return

I have read and understood the terms and conditions.   Signed: _____   Date: _____

Contact in emergency: _____   Relationship: _____   Telephone: _____