

Registration form

PERSONAL DETAILS

First Name: _____

Surname: _____

Gender: _____

Nationality: _____

Passport Number: _____

Date of Birth: _____

Contact Tel: _____

Email Address: _____

EMPLOYEMENT / INVOICE DETAILS

Name of Company / Organisation: _____

Company or personal invoice: _____

Email Address: _____

What type of work is your company involved in?

Job Title: _____

Department: _____

Please write a brief description of your job:

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

COURSE OPTIONS

Please choose the programme you require:

- ☐ **Executive Combination (25 hours)**
- ☐ **Executive Combination Plus (30 hours)**
- ☐ **All day 1:1** (Number of hours: _____)
- ☐ **Closed Group** (Number of hours: _____)
- ☐ **30+ Business Communication (27.5 hours)**

Dates of Course: _____

Number of weeks: _____

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

☐ Yes ☐ No

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

Contact in emergency: _____ Relationship: _____ Telephone: _____

LEVEL OF ENGLISH:

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

COURSE OBJECTIVES

Please summarise briefly what you would like to achieve during your course at LSI/IH Portsmouth, indicating which language skills you would most like to improve?

Speaking and understanding

- ☐ Meetings ☐ Telephoning
- ☐ Negotiating ☐ Socialising/Entertaining
- ☐ Presentations ☐ Travelling
- ☐ Selling ☐ Cultural Awareness

Reading and Writing

- ☐ Emails, faxes, letters ☐ Contracts/Agreements
- ☐ Reports ☐ Instruction manuals

ACCOMMODATION

1. Type of accommodation required:

- ☐ Executive Homestay ☐ Hotel ☐ None

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