

Registration Form

Course Details

Personal Details

First name:	OET Preparation Course for Doctors and Nurses
Surname:	Date of Course:
Gender: Nationality:	Have you booked an OET exam? Yes No
Passport Number:	If yes, which date?
Date of Birth:	Level of English
Contact Telephone:	Have you taken OET before? 📃 Yes 📃 No
Email Address:	What was the date of your last OET test?
Fax Number:	What scored did you get in each part?
Home Address:	Overall score:
	Speaking: Listening:
	Reading: Writing:
Occupation/Job:	Have you taken IELTS before, if so what scored did you
Please give us details of any special needs, learning	get?
difficulties or medical conditions the school should be	Overall score:
aware of:	Speaking: Listening:
	Reading: Writing:
	Why are you taking the test?
How did you hear of LSI/IH Portsmouth?	
Representative Friends	
British Council 📃 Ex-Students	Have you had OET lessons before? 📃 Yes 🗌 No
Social Media Flyer	If yes, please give details:
Other (please give details below)	
	Accommodation
	Would you like us to arrange a homestay
I have read and understood the terms and conditions	accommodation for you? Yes No thanks
https://ww.lsiportsmouth.co.uk/terms-conditions/	n yes, please contact us for more details.
Signed: Date: Date:	
Contact in emergency:	
Relationship: Tel:	

The safest way for you to pay the deposit is by bank transfer.

Details: LANGUAGE SPECIALISTS INTERNATIONAL, National Westminster Bank PLC, Commercial Road Branch, Portsmouth, England PO1 1EJ. A/C No. 89795482, Sort Code 56-00-64, Swift Code NWB KGB 2L, IBAN Code GHB15 NWBJ 5600 6489 7954 82.

So that we can identify your oayment quickly and easily, please write your full name in the details.

Please remember you are responsible for covering the cost of bank charges.