

## 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 (minimum 2 weeks):

- Course 1: IELTS Preparation**  
 Would you like to take the IELTS exam at LSI/IH Portsmouth?  
 No  Yes (Which month? \_\_\_\_\_)

- Course 2: Cambridge Exam Preparation**  
 For students who wish to prepare for one of the Cambridge exams, please choose which exam you wish to prepare for, and the format:
- CAE (General English + CAE Exam Prep)  Group format  
 5 hours 1:1  
 10 hours 1:1
- FCE (General English + FCE Exam Prep)  5 hours 1:1  
 10 hours 1:1
- CPE (General English + CPE Exam Prep)  5 hours 1:1  
 10 hours 1:1

- Course 3: Full-time General English**  
 **Course 4: General English 'Light'**  
 **Course 5: General English and Business English**

Dates of Course: \_\_\_\_\_

Number of weeks: \_\_\_\_\_

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					

### 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?

- 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