

## 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