

REGISTRATION FORM

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:

Teaching Experience: Have you got any teaching experience? If so, please give details:

Qualifications: Please list your educational qualifications, including dates and awarding institution:

Extra Information: Do you speak any foreign languages? If so, which one(s), and which level(s)?

2026 COURSE DATES

Please choose the course you would like to attend:

Monday 2nd March 2026 – Friday 27th March 2026

Monday 15th June 2026 – Friday 10th July 2026

Monday 7th September 2026 – Friday 2nd October 2026

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:

Do you require an airport taxi transfer?

No Yes, one way Yes, return

Date & time: _____

Flight Number & Airport: _____

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

Contact in emergency: _____ Relationship: _____ Telephone: _____

Please send this form along with your completed pre-interview task to: lewis.richards@lsi-portsmouth.co.uk. In order to secure a place on one of our CELTA courses, we require a non-refundable deposit of £300. This can be paid via Flywire or bank transfer. Please clearly reference your name and student number.