

Registration Form



Location

| | | | | | |
|------------------|--------------------------|----------------|--------------------------|----------------|--------------------------|
| Toronto (TO) | <input type="checkbox"/> | Calgary (CA) | <input type="checkbox"/> | Vancouver (VA) | <input type="checkbox"/> |
| London (LO) | <input type="checkbox"/> | Liverpool (LI) | <input type="checkbox"/> | Brighton (BR) | <input type="checkbox"/> |
| Bournemouth (BO) | <input type="checkbox"/> | Leeds (LS) | <input type="checkbox"/> | | |
| Cape Town (CP) | <input type="checkbox"/> | Cyprus (CY) | <input type="checkbox"/> | Paris (PA) | <input type="checkbox"/> |

Student Details

| | | | |
|------------------------------------|--------------------------|--------------|--|
| Family Name: | | | |
| First Name: | | | |
| Date of Birth | DD: | MMM: | YYYY: |
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| Nationality: | | | |
| What country do you live in?: | | | |
| First Language: | | | |
| Home Address: | | | |
| Country: | | City: | |
| Province/state: | | Postal code: | |
| Telephone: | | | |
| E-mail: | | | |
| Additional learning support needs? | | Yes | <input type="checkbox"/> No <input type="checkbox"/> |
| Please specify: | | | |

Emergency Contact

| | |
|--------------------------|--------|
| Relationship to Student: | |
| Emergency contact name | |
| Telephone: | Email: |

Your Current Level of Level of English/French

| | | | |
|--------------------|--------------------------|--------------|--------------------------|
| Beginner | <input type="checkbox"/> | Elementary | <input type="checkbox"/> |
| Pre-Intermediate | <input type="checkbox"/> | Intermediate | <input type="checkbox"/> |
| Upper-Intermediate | <input type="checkbox"/> | Advanced | <input type="checkbox"/> |
| Proficiency | <input type="checkbox"/> | | |

Your course 1st course

| | |
|----------------------------------|---------------------|
| Course Name: | |
| Number of lessons per week: | |
| Start Date DD/MM/YYYY | End Date DD/MM/YYYY |
| Number of weeks (if applicable): | |

2nd course/location

| | |
|----------------------------------|---------------------|
| Course Name: | |
| Number of lessons per week: | |
| Location: | |
| Start Date DD/MM/YYYY | End Date DD/MM/YYYY |
| Number of weeks (if applicable): | |

Visas

| | |
|---|----------------|
| Visa status | |
| Do you need to apply for a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Passport Number: | |
| Expiry Date | DD: MMM: YYYY: |

Insurance

| | |
|--|-----|
| Do you want Insurance? (UK & Canada only) Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| From: | To: |
| Custodian Letter (Canada only) | |

Your stay

Accommodation (Sunday to Saturday)*

| | |
|-------------------------------|--|
| Do you require accommodation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-------------------------------|--|

Please write your **FIRST** choice and **SECOND** choice.
Accommodation is subject to availability

| | | | |
|----------------------------------|-------------------------------------|---|-------------------------------------|
| Accommodation type (1st choice): | | | |
| Accommodation type (2nd choice): | | | |
| Meal type: | Full-Board <input type="checkbox"/> | Half-board <input type="checkbox"/> | Semi-board <input type="checkbox"/> |
| B&B | <input type="checkbox"/> | Self-Catering for student residences <input type="checkbox"/> | |
| Start Date | DD: | MMM: | YYYY: |
| End Date | DD: | MMM: | YYYY: |
| Number of Weeks: | | | |

*visit bayswater.ac/accommodation for all options

Other Requirements

| | |
|---|---|
| Do you require shuttle bus service? (CY) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have special diet requirements?(may incur extra charge): | |
| Do you have any allergies to animals? | Cats <input type="checkbox"/> Dogs <input type="checkbox"/> |
| Others: | |
| Are you happy to live with a family with young children? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you have any medical conditions, disabilities or allergies? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes: | |
| Do you smoke? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Airport Transfer

| | |
|----------------------------------|--|
| Do you require airport pick-up? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you require airport drop-off? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Arrival airport: | Flight code: |
| Arrival time: | DD: MMM: YYYY: |
| Departure airport: | Flight code: |
| Departure time: | DD: MMM: YYYY: |

Booking

| | |
|---|--|
| Did an agent help you choose Bayswater? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Company Name: | |
| Contact Name: | |

Declaration

I have read and understood the Bayswater Education Terms and Conditions.
I accept them willingly to the exclusion of all other terms and conditions.
Terms and conditions can be found at www.bayswater.ac/terms

Signed:

Bayswater Education shall comply with all privacy and data laws in each school region.

We will use only personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that Bayswater Education will have access to it, and consent to such use. Bayswater Education reserves the right to use information held herein for its internal marketing purposes. If you object to such use please tick here