

# BOOKING FORM 2010

English Language Courses | Management Diplomas  
Work Experience Programmes

SIDE 1 Twin Group

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Twin

By completing and submitting this booking form to Twin Group, the agent / applicant is automatically agreeing to Twin Group's terms and conditions

PLEASE USE CAPITAL LETTERS IN THE RELEVANT SPACES, TICK THE APPROPRIATE BOXES AND SEND BOOKING FORM TO: TWIN GROUP, 2nd FLOOR, 67 - 71 LEWISHAM HIGH STREET, LONDON, SE13 5JX, UNITED KINGDOM. OR FAX TO: +44(0)20 8297 0984, AND ARRANGE FOR PAYMENT OF YOUR DEPOSIT.

ARE YOU A REGISTERED TWIN GROUP AGENT? YES  NO  If 'YES', please enter agency name here:

## Personal Information

Surname:  First Name:  Age:  Date of birth:

Address:

Tel:  Fax:  Email:

Emergency contact tel:  Allergies/dietary requirements:

Nationality (as stated on passport):  Religion:  Sex: Male:  Female:

Address in the U.K. (if known):

Indicate your level of English: BEGINNER:  ELEMENTARY:  LOWER INTERMEDIATE:  INTERMEDIATE:  HIGHER INTERMEDIATE:  ADVANCED:

Visa required: NA:  GENERAL STUDENT VISA:  STUDENT VISITOR VISA:  Passport Number:

## English Language Courses / Management Diplomas

Which Twin English Centre would you like to attend? (please tick box): EASTBOURNE:  LONDON:

Which course would you like to attend? (please tick box):

GENERAL ENGLISH COURSES: STANDARD COURSE:  SEMI-INTENSIVE COURSE:  INTENSIVE COURSE:

ENGLISH FOR BUSINESS:  ACADEMIC YEAR: 24 WEEKS  36 WEEKS

COLLEGE YEAR PROGRAMME: 24 WEEKS (15 hours p/week)  48 WEEKS (15 hours p/week)  24 WEEKS (23 hours p/week)  48 WEEKS (23 hours p/week)

EXAMINATION PREP COURSES: IELTS PREPARATION COURSE:

MANAGEMENT DIPLOMAS: DIP IN HOTEL MANAGEMENT:  ADVANCED DIP IN HOTEL MANAGEMENT:

## Work Experience Programmes

PLEASE NOTE: Motivation letter, English level test, CV and photo must be sent with Work Experience bookings

Which Work Experience Programme would you like to attend? (please tick box): INTERNSHIP: LEVEL 1  LEVEL 2  LEVEL 3  PART TIME INTERNSHIP

PAID WORK EXPERIENCE: LEVEL 1  LEVEL 2

CDP: OPTION 1:  OPTION 2:  OPTION 3:  OPTION 4:  OPTION 5:  OPTION 6:

GRADUATE CDP:

WHAT IS YOUR GRADUATE CDP OR CDP PLACEMENT PREFERENCE?: INTERNSHIP: LEVEL 1  LEVEL 2  LEVEL 3  PAID WORK EXPERIENCE: LEVEL 1

Where would you like to take your Course? (CDP/Part-time Internship): EASTBOURNE:  LONDON:

Preferred Placement field (required for CDP Internship options). Please number your preferred placement field 1 to 3 (1 = most important):

Accounting & Auditing:  Architecture:  Fashion:  Import / Export:  Media:

Administration & Clerical:  Computing & Information Technology:  Finance / Insurance:  Legal:  Sales:

Advertising / Public Relations:  Engineering:  Hotel & Catering:  Marketing:  Sport:

Other:  Travel & Tourism:

What is your preferred location for your programme? (\* Please note, the paid work experience element will not take place in the same location as the course element)

PLEASE NOTE: We cannot guarantee your preferred placement location. EASTBOURNE:  LONDON:

List 5 expected daily tasks at work?:

Is there any particular type of organisation you would prefer?:

Why do you want to attend the above programme?:

**Course / Programme Dates**

ENGLISH LANGUAGE/ MANAGEMENT DIPLOMA:  START DATE:  FINISH DATE:  NUMBER OF WEEKS:   
 WORK EXPERIENCE PROGRAMME:  START DATE:  FINISH DATE:  NUMBER OF WEEKS:

**Accommodation Options**

Date of arrival:  Date of departure:  Number of days/weeks:   
 Homestay: YES  NO  Residential (LONDON ONLY): YES  NO  IF YES, PLEASE SPECIFY: FOREST GATE:  GREENWICH:  BLOOMSBURY:   
 Do you smoke?: YES  NO  Vegetarian?: YES  NO  (availability on request) (availability on request)  
 Type of room: SINGLE ROOM  TWIN ROOM\*  HALF BOARD  FULL BOARD  BED & BREAKFAST ONLY  SELF CATERING   
\*Twin rooms only available to two students arriving together to a Twin English Centre.  
 Do you have any special requirements: YES  NO  If yes, please state:

**Airport Transfer** (AIRPORT TRANSFER DETAILS REQUIRED 2 WEEKS PRIOR TO ARRIVAL)

**Arrival:** Do you require transfer on arrival?: YES  NO  If yes, date of arrival:   
 Airport:  Flight no:  Time of arrival:  Airport of origin:   
**Departure:** Do you require transfer on departure?: YES  NO  If yes, date of departure:   
 Airport:  Flight no:  Time of departure:  Destination airport:

**Insurance Details** (PLEASE NOTE: INSURANCE PAYMENT IS NOT REFUNDABLE)

WE STRONGLY RECOMMEND THAT YOU TAKE OUT INSURANCE. PLEASE TICK ONE OF THE FOLLOWING BOXES:  
 I would like more details about Twin Approved insurance  
 I have arranged my own travel insurance with: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Would you describe your state of physical and mental health as 'very good'? If 'No' full details must be supplied at the time of enrolment.  
 European students please remember to bring your EHIC card in order to receive healthcare.

**Payment** PLEASE PAY THE RELEVANT DEPOSIT WITH YOUR BOOKING. PLEASE REFER TO TERMS & CONDITIONS FOR PAYMENT TERMS.

#PLEASE NOTE: 2% Surcharge on Credit Card & Debit Card Payments. £10.00 Surcharge must be added to Bank transfer Payments.

**CREDIT/DEBIT CARD#:** We accept the following Credit Cards: MasterCard/Delta/Visa (please tick the appropriate box)  
 MASTERCARD:  VISA:  DELTA:  Name on Card:   
 Card number:   
 Expiry Date:  Security number (back of card):  Issue number:

**CHEQUE - DRAWN ON A UK BANK AND CHEQUE MADE PAYABLE: "TWIN TRAINING INTERNATIONAL LTD"**

**BANK TRANSFER#:** Bank Name: Barclays Bank Plc, Knightsbridge Business Centre, PO Box 32014, London NW1 2ZG. Swift Code: BARCGB22  
Please tick the box for the centre you are booking with:  
 Centre: English Centre Eastbourne Account Number: 20844101 IBAN Number: GB75 BARC 2006 0520 8441 01  
 Centre: English Centre London Account Number: 30351725 IBAN Number: GB71 BARC 2006 0530 3517 25  
 Centre: Work Experience Progs Account Number: 00952486 IBAN Number: GB06 BARC 2006 0500 9524 86

**Declaration**  
 I HAVE READ AND UNDERSTOOD THE BOOKING TERMS AND CONDITIONS. Copies are available to download at: <http://www.twinuk.com/download>  
 Signature: \_\_\_\_\_ Date:   
**For students of 17 years of age and below:**  
 As the student's parent/guardian, I give permission for my child to attend an English language course for adults.  
 Signature of parent/guardian: \_\_\_\_\_ Date: