



APPLICATION AND ENROLMENT FORM

Ref:

1

Surname/family name: <input style="width: 95%;" type="text"/>	Please include two passport-sized photographs			
Other names: <input style="width: 95%;" type="text"/>				
Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 25px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table> Day Month Year				
Nationality: <input style="width: 95%;" type="text"/>				

2

Address in London: <div style="border: 1px solid black; height: 70px; width: 95%; margin-top: 5px;"></div>	Address in your country: <div style="border: 1px solid black; height: 70px; width: 95%; margin-top: 5px;"></div>
Date of birth: <input style="width: 95%; height: 25px;" type="text"/>	Tel no: <input style="width: 95%; height: 25px;" type="text"/>
Nationality: <input style="width: 95%; height: 25px;" type="text"/>	Mobile no: <input style="width: 95%; height: 25px;" type="text"/>

3

I wish to start my course on: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 25px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table> Day Month Year				I wish to study: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 40px; height: 25px;"><tr><td style="width: 100%;"></td></tr></table> weeks how many?															
Preferred time of study:	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 0 10px;">9.30-12.30</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 10px;">12.30-3.30</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 10px;">3.30-6.30</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 0 10px;">3.30-5.30</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 10px;">5.30-7.30</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 10px;">7.30-9.30</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	9.30-12.30		12.30-3.30		3.30-6.30		3.30-5.30		5.30-7.30		7.30-9.30							
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Which programme would you like:	<table border="1" style="border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Mon</th> <th style="width: 15%;">Tue</th> <th style="width: 15%;">Wed</th> <th style="width: 15%;">Thurs</th> <th style="width: 15%;">Fri</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">2 hours</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: left;">3 hours</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </tbody> </table>		Mon	Tue	Wed	Thurs	Fri	2 hours						3 hours					
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3 hours																			

Office use only:

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4

Payment

I am sending the full payment for:

I am sending deposit only:

Course £

Airport/Station transfer £

Accommodation payment £
 (No of weeks x at £x per week)

£250

Payment by:

Cash (in person only):

Bank transfer:
 (Proof of purchase must be enclosed)

Barclays Bank, Hammersmith branch, P.O. Box 738, London W6 9HY
 Speakeasy (School) Ltd
 Account: 80156469 Sort code: 20-35-93

Credit card

Card type:

Please debit credit card no:

Name as on credit card:

Expiry date:

day month year

If you are using somebody else's card, please give the cardholder's address and signature:

5

I have read, understood and agreed to the terms and conditions set by Speakeasy School of English as being legally binding on my part:

Signature:

Date:

day month year

Your completed enrolment form should be sent to:
 Speakeasy School of English
 24 Chiswick High Road
 London W4 1TE
 UK