

Short Course Registration Form for Brooke House College



BROOKE HOUSE COLLEGE
www.brookehousecollege.co.uk

ARRIVAL AND DEPARTURE DETAILS

Arrival Date	Departure Date	
Do you require a transfer?	YES	NO <i>(Flight details may be sent later, once the ticket is booked)</i>
ARRIVAL Flight Number	Time of Arrival	Airport
DEPARTURE Flight Number	Time of Departure	Airport

STUDENT DETAILS

Surname	First Name
Date of Birth	Male or Female
Nationality	Passport Number
Student email address	
Do you require a visa to travel to UK?	YES NO
How did you hear about Brooke House College?	

AGENT / REPRESENTATIVE DETAILS

If you have been referred to us through an agent or representative, please provide us with full details.

Agent/Representative company
Agent/Representative contact name
Email
Telephone Number

FAMILY DETAILS

Father's Name	
Mother's Name	
Home Address	
Telephone (Home)	(Business)
Telephone (Mobile)	
Fax (Home)	(Business)
Email	

COURSE & ACCOMMODATION DETAILS

Student name _____

For which course would you like to register? Please tick. *(If selecting a combination of two or more courses, please indicate dates of each course on this form.)*

<input type="checkbox"/> English as a Foreign Language	<input type="checkbox"/> Bespoke Group Group Name: _____
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Please tick here to combine with the Football Academy

Which type of accommodation would you prefer? Please tick one.

Single Room Twin Room

Please indicate any further accommodation preferences *(please note that preferences cannot be guaranteed)*

ENGLISH LANGUAGE LEVEL

Number of years studying English _____

Current level of English (please tick one):

Elementary Pre-Intermediate Intermediate Upper-Intermediate Advanced

DECLARATION

**To be signed by Parent/Guardian 1 and Parent/Guardian 2*

I confirm that I am the **parent/guardian** of the aforementioned student. I have read, understood and agree to the Terms and Conditions of Acceptance (found within the Terms & Conditions - <http://www.brookehousecollege.co.uk/Terms-ad>).

Parent/Guardian 1

Signature*: _____

Print name: _____

Date: _____

Parent/Guardian 2

Signature*: _____

Print name: _____

Date: _____

I as the tuition fee payer agree to the Terms & Conditions and will be willing to sign an original declaration at a later date (if signature not provided here). Please tick box.

PRIVACY STATEMENT

In line with the General Data Protection Regulation May 2018, Brooke House College has produced a Privacy Statement to inform you about what information we collect and how we protect and safeguard your personal data. Please read the Privacy Statement and Retention of Documentation Policy on our website: <http://www.brookehousecollege.co.uk/GeneralDataProtectionRegulation>

By completing this application form and supplying the information within, you are agreeing for the college to process and store your personal data.

Please tick this box to confirm that you have read our Privacy Statement and give consent for your personal data to be processed and stored

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