

Enrolment Form

PERSONAL DETAILS (block capitals please)

Family Name: _____

First Name: _____

Title: (Mr/Mrs/Miss/Dr/Prof) _____

Male Female

Home Address: _____

Tel. No: _____

Fax No: _____

Date of Birth: _____

Nationality: _____

Passport No: _____

Mother Tongue: _____

Next of kin: _____

Next of kin (contact number): _____

I smoke I do not smoke

Hobbies/Interests: _____

BUSINESS DETAILS (if applicable)

Company Name and Address: _____

Position in Company: _____

Type of Business: _____

Tel. No: _____

Fax No: _____

Email: _____

COURSE DETAILS

Course Dates: Arrival: (Saturday or Sunday if possible): _____ Departure: _____

General English Target English Super-Intensive Weekend Course

Special Interest (please specify area of interest)

Young Learner's Course

One-to-One Two-to-One

Lessons per week 18 24 30 36

Would you accept a host family where someone smokes? Yes No

Area preferred: Outside London London

EJO will try to comply with your preferences for geographical location. However, the choice of family most suitable for your requirements will take priority.

SPECIAL CONDITIONS

Dietary Needs: _____

Illness/Allergies/Medication: _____

(We require Parent/Guardian signature should students under 18 require medication during their course)

Other: _____

TRANSFER DETAILS

ARRIVAL: Date: _____ Time: _____

Airport/Station: _____ Flight/Train no: _____

Transfer required on arrival: Yes No

DEPARTURE: Date: _____ Time: _____

Airport/Station: _____ Flight/Train no: _____

Transfer required on departure: Yes No

PAYMENT DETAILS

Deposit of £100 Sterling cheque enclosed Sent by bank transfer Credit Card

I confirm that I have read, understood and accepted the terms and conditions of the Elizabeth Johnson Organisation

Signature: _____

Date: _____

(To be signed by Parent/Guardian for students under 18)

Agent's Stamp

TERRA LINGUA CENTRE
app.42, 15/5 Institutskaja street,
Kyiv, 01021, Ukraine

Needs Analysis

Level: Beginner Elementary Intermediate Upper Intermediate Advanced

Did you study English at school? Yes No
If so, for how many years? _____ years
Have you studied English since leaving school? Yes No
If so, where did you study and for how long?

Skills:

Which skills do you wish to concentrate on during your course? Please tick ✓ the appropriate boxes.

Skills	Very Important	Important	Not important
Speaking			
Listening			
Reading			
Writing			

Speaking / Listening:

Which of the following do you wish to practise? Please tick ✓ the appropriate boxes.

Activities	Yes	Occasionally	No
Communication / Language Games			
Discussions (such as Current Affairs or Sport)			
Role Plays (i.e. practising situations e.g. in shop)			
Pronunciation			
Listening Comprehensions			
Dictation			
Social Conversation			
Using authentic material (TV, radio or video)			
Examination Preparation			

other _____

Reading / Writing:

Which of the following do you wish to practise? Please tick ✓ the appropriate boxes.

Activities	Yes	Occasionally	No
General Correspondence			
Reading Comprehensions			
Using authentic material (newspapers, magazines, books)			
Writing (stories, essays, descriptions, diaries, postcards, messages)			
Dictation			
Vocabulary development			
Grammatical structures			

other _____

Please return this form to:

The Elizabeth Johnson Organisation,

West House, 19/21 West Street, Haslemere, Surrey GU27 2AE

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Email: sales@ejo.co.uk Http://www.ejo.co.uk