



REGISTRATION FORM

PLEASE USE CAPITAL LETTERS WHEN COMPLETING THIS FORM

Student details									
Family Name:				First Name:					
Nationality:		Gender:		Date of birth:					
Home Address:									
Address in London:									
Phone number:				E-mail:					
Passport No:				Passport Expiry Date:					
Country of Issue									
Level of English		Level		Beginner	Elementary	Pre-inter	Intermediate	Upper Inter	Advanced
How many years have you studied English? <input type="checkbox"/>		Speaking:							
(Insert a number)		Writing:							

(Please ✓ the suitable box)

How did you hear of TELC UK?

Course details

Course type			
Classes per week	Total no. of hours		
Start date	Duration (weeks)		
End date	Promotional code		

Payment details

I'm sending:	The deposit <input type="checkbox"/>	I'm paying by:
	Full course fee <input type="checkbox"/>	Cash <input type="checkbox"/>
Total:	£.....	Cheque <input type="checkbox"/>
		Bank Transfer <input type="checkbox"/> (Please a the suitable box) Bank: Barclays Account Name: TELC UK Ltd A/N: 43009491 Sort code: 209821

I confirm that the information I have provided is correct and that I have read, understood and agree to the cancellation and payment conditions included in [Terms and Conditions](#).

Signature of the student

Date

Signature of the Director of Studies