

Course enrolment form

1. Personal details

Family name: _____

First name: _____

Title: Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr. ☐

Gender: Male ☐ Female ☐

Date of birth: _____

Nationality: _____

First language: _____

Second language: _____

2. Contact information

Student home address: _____

Town: _____

Postcode: _____

Country: _____

Student phone with code - home: _____

Student phone with code - mobile: _____

Student email: _____

Company name: _____

Company address: _____

Name of training manager: _____

3. Language requirements

Language level

1= beginner 5=very good

Oral: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Written: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

How long have you been studying the language?

Have you attended an OISE course before?

Yes ☐ No ☐

If yes, which school(s) and year(s)?

4. Course information

OISE Oxford

The Tutored English programme ☐

10h ☐ 15h ☐ 20h ☐ 25h ☐

Exam preparation

The Tutored English programme for exam preparation ☐

10h ☐ 15h ☐ 20h ☐ 25h ☐

Which exam?

IELTS ☐

Cambridge C1 ☐

Cambridge B2 ☐

Distance Learning

Online Tutorials ☐

Number of hours per week: _____

Which day of the week: _____

Which time of the day: _____

5. Course dates

From _____ To _____

6. Accommodation

Accommodation required:

OISE accommodation ☐ No accommodation ☐

If none please supply the address where you will be staying.

Accommodation dates:

from: _____ to: _____

Accommodation special requests: _____

Student (16-17 years) authorised to stay out evening without supervision? (22:00 latest) Yes ☐ No ☐

Please note that staying out times requested by OISE staff or host families will take preference over those detailed above.

7. Travel information

Arrival date:_____

Arrival time:_____

Arrival airport:_____

Arrival flight number:_____

Arrival terminal number:_____

Arrival flight origination:_____

Arrival transfer needed? Yes ☐ No ☐

Departure date:_____

Departure time:_____

Departure flight number:_____

Departure terminal number:_____

Departure flight destination:_____

Departure transfer needed? Yes ☐ No ☐

8. Emergency contact details

Emergency contact name: _____

Relationship of emergency contact to student: _____

Emergency contact home phone number: _____

Emergency contact mobile phone number: _____

Emergency contact email: _____

9. Welfare information

Special requirements: diet/allergies_____

Do you have any medical condition we should know about? _____

Medication not permitted:_____

If for any reason it is not possible to contact your emergency contact number, the school staff have authorisation to take any necessary decision concerning all medical treatment (including emergency treatment). In all cases the advice of the medical professional will be taken.

Medical treatment to be followed during stay: _____

Smoker: Yes ☐ No ☐

10. Insurance

I have comprehensive travel & personal insurance: ☐

11. Where did you hear about OISE?

12. Data protection

I agree to the use of my personal information to book a course with OISE ☐

I give permission for photographs of myself to be used in marketing material by OISE:
Yes ☐ No ☐

I give permission for photographs of my child to be used in marketing material by OISE:
Yes ☐ No ☐

I agree that you can send me occasional information about OISE courses and services:
Yes ☐ No ☐

13. Terms and conditions

I have read the Terms and Conditions and agree to abide by them: ☐

Signature of parent/guardian: _____

Signature of student: _____

Date: _____