

ANGLOLANG

ACADEMY OF ENGLISH

UNIVERSITY FOUNDATION PROGRAMME

*Application
Form*

A TOTAL LEARNING PACKAGE

A MEMBER OF
ARELS
ENGLISH IN BRITAIN

Accredited by the



EDUCATION^{UK}
the best you can be

Application Form

Please attach a
passport sized
PHOTO

PLEASE WRITE IN ENGLISH AND IN CAPITAL LETTERS

For entry in September	20
For entry in January	20

PERSONAL DETAILS

SURNAME/FAMILY NAME(S) _____

FIRST NAME(S) _____

MALE FEMALE MARRIED SINGLE

DATE OF BIRTH _____ NATIONALITY _____

ADDRESS FOR CORRESPONDENCE _____

TELEPHONE NUMBER (Including area code) _____

FAX NUMBER (Including area code) _____

EMAIL ADDRESS _____

Who do we contact if there is an emergency?

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE NUMBER (Including area code) _____

FAX NUMBER (Including area code) _____

EMAIL ADDRESS _____

EDUCATIONAL QUALIFICATIONS* (from 16 years)

TITLE	SUBJECTS	GRADE	DATE

*Please send copies of your qualifications (e.g. certificates) with your application

ENGLISH LANGUAGE STUDY

PLACE	LENGTH OF STUDY	QUALIFICATIONS GAINED

PREVIOUS EMPLOYMENT

DATES	JOB TITLE	COMPANY NAME

Professional Qualifications

DATES	TITLE

FUTURE PLANS

Why do you want to study the University Foundation Programme? What are your future plans?
(Continue on an extra sheet if necessary)

YOUR CHOICE OF COLLEGE/UNIVERSITY

When you finish the University Foundation Programme, which college or university would you like to go to? (Please tick)

- | | |
|--|---|
| <input type="checkbox"/> Liverpool Hope University College | <input type="checkbox"/> Broxtowe College |
| <input type="checkbox"/> University of Buckingham | <input type="checkbox"/> Colchester Institute |
| <input type="checkbox"/> University of Huddersfield | <input type="checkbox"/> Josiah Mason College |
| <input type="checkbox"/> University of Hull | |
| <input type="checkbox"/> University of Lincoln | <input type="checkbox"/> UNDECIDED |

What course(s) would you like to study after the University Foundation Programme?
(You can change your mind at a later date)

ACCOMMODATION

What are your preferences? (Please tick)

Home Stay
(Full board, 20 minutes walk maximum from Anglolang)

Self-catering flat

Do you smoke? Yes No

Do you wish to stay with a non smoking family? Yes No

Do you suffer from any allergy or medical problem? Yes No

Do you have any special dietary requirements?
(e.g. vegetarian)

Do you have any disabilities or learning difficulties?
(e.g. dyslexia)

PRICES & PAYMENT

September - June (33 weeks): **£4950**
January - June (20 weeks): **£3000**

How will you pay? (Please tick)

By Sterling cheque made payable to
ANGLOLANG SCARBOROUGH LIMITED
and sent to Anglolang

By direct bank transfer to Anglolang's
bank account:

BANK NAME & ADDRESS	ACCOUNT NAME & NUMBER
Barclays Bank Plc St Nicholas Street Scarborough North Yorkshire YO11 2HS ENGLAND	Anglolang Scarborough Limited Account No. 70120014 Sort Code: 20-75-92

By Visa, Access or Mastercard (you will be sent
an authorisation form)

Are you going to pay the fees yourself?

Yes No*

*If not, who will be paying your fees/expenses while
you are studying?

NAME _____

RELATIONSHIP _____

ADDRESS _____

TELEPHONE (Including area code) _____

FAX (Including area code) _____

OTHER INFORMATION

Do you require reduced rate train
tickets from the airport/port in England
to Scarborough? (Please tick)

Yes* No

*If yes, please give details

How did you find out about Anglolang Academy of English?

Friend/family Website Exhibition Agent Brochure British Council

SIGNATURE _____ DATE _____

*Please send your completed Application Form with copies of your qualifications
and a non-refundable deposit of £500* to:*

**A non-refundable deposit of
£500 is required on application.
In the event of a visa refusal
£100 of the deposit will be
retained to cover administrative
costs and £400 will be returned
to the applicant.*

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Fax: +44 (0)1723 378698

Email: communicate@anglolang.co.uk

ANGLOLANG
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