

Application Form

This application form is solely for the booking of Courses at IELS Malta in accordance with its Terms & Conditions.



Personal Details of Student (exactly as shown on passport)

First Name(s):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Family Name (Surname):	Address:
Date of birth:	Country of birth:
Passport number:	Nationality:
E-mail:	Phone number:
Country:	
Insurance provider:	

What is your English level? Elementary (CEF A1) Pre-intermediate (A2) Intermediate (B1) Upper-intermediate (B2) Advanced (C1) Post-advanced (C2)

IELS will confirm your level based on a mandatory placement test and interview.

Adults

Course Type (see our Price List or www.ielスマルタ.com):	Start Date:	End Date:
Morning Lessons Guarantee (extra charge): <input type="checkbox"/> (See our Price List for the applicable months and courses for this option)		

Young Learners (Ages: 13 - 17)

Choose one of these IELS centres by ticking the appropriate box:	<input type="checkbox"/> Host Home	<input type="checkbox"/> Centre Residence	<input type="checkbox"/> Club Residence (groups only)
Programme Type (see our Price List or www.ielスマルタ.com):	Start Date:	End Date:	
If you wish to book an Optional Programme, Supplementary Course or Plus option, please state this here:			

Accommodation

Arrival date (if different from course): Departure date (if different from course):

Host Family Single room Shared room Private bathroom (extra charge) Executive Special Diet (extra charge)

Please specify any animals you cannot live with:

Do you require smoking accommodation if it is available? No Yes

If you are booking a shared room, and you know with whom you would like to share, please state their name here:

Adult Residence/Hotel (Ages 18+)

	Single room	Twin room	Triple/quad room	En-suite	Room only	Breakfast	Half-board
Sliema	Day's Inn Residence	Standard	Studio	included			
IELS Lodge Onsite Accommodation							
Sliema Tigne Suites							
Other (please specify):							

Transfers

Do you require transfers?	<input type="checkbox"/> No transfer	<input type="checkbox"/> Arrival transfer	<input type="checkbox"/> Departure transfer	
Arrival	From:	(Airport)	To:	(Airport)
	Flight code:		Leaving at:	(Time)
Departure	From:	(Airport)	To:	(Airport)
	Flight code:		Leaving at:	(Time)

Special Requirements and Health

Do you have any allergies, medical conditions, special dietary requirements, disabilities or special educational needs? No Yes, please specify:

Special instructions/requirements:

Declaration

By signing this application form you are agreeing that: you have read the Terms and Conditions and the current Price List of IELS Malta; you agree to those Terms and Conditions; the laws of the jurisdiction in which the IELS Malta centre where you will study is situated will apply to any agreement arising out of this application form. You also agree to abide by and study within the terms of any visa which may be required for your course. If you wish to opt out from photography and filming, please tick here.

Name of signatory or agency: Signature: Date:

If you are filling this form out electronically, please type your name and tick the box to declare that all the information on the form is correct.

Credit Card Authorisation

Name on Card:
 Billing Address: (Where the card is registered to; for example, home/office address)

 Contact telephone number:
 Card: (Visa/MasterCard/other)
 Card Number:
 Expiry Date:

Security Number (last 3 digits of the number on the back of the card, or 4 digits if American Express)
 Amount to be Authorised EUR (€)
 Student Number (if known):
 I confirm that IELS Malta can deduct the amount from my credit card.
 Signed:
 Print Name:
 Date: