

Application Form

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

Agency Name:



Personal Details of Student (exactly as shown on passport)

First Name(s):	Sex: Male Female
Family Name (Surname):	Address:
Date of birth:	Country of birth:
Passport number:	Nationality:
E-mail:	Country:
	Insurance provider:
Phone number:	

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.ielsmalta.com):	Start Date:	End Date:
Morning Lessons Guarantee (extra charge):	(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: Host Home Centre Residence Club Residence (groups only)

Programme Type (see our Price List or www.ielsmalta.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?	No transfer	Arrival transfer	Departure transfer
Arrival	From: (Airport)	To: (Airport)	Arrival Date:
	Flight code:	Leaving at: (Time)	Arriving at: (Time)
Departure	From: (Airport)	To: (Airport)	Departure Date:
	Flight code:	Leaving at: (Time)	Arriving 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:	Security Number (last 3 digits of the number on the back of the card, or 4 digits if American Express)
Billing Address: (Where the card is registered to; for example, home/office address)	Amount to be Authorised EUR (€)
Contact telephone number:	Student Number (if known):
Card: (Visa/MasterCard/other)	I confirm that IELS Malta can deduct the amount from my credit card.
Card Number:	Signed:
Expiry Date:	Print Name:
	Date:

Full payment must be received by IELS not less than 14 days before the Start date. If the booking is confirmed less than 14 days before the Start date, the full payment must be received at once upon confirmation of the booking. All information collected is done in compliance with GDPR guidelines and with our privacy policy: <https://www.iels.school/iels-privacy-policy>. I have read and understood: