

BOOKING FORM

FULL NAME

SUMMER COURSE TITLE

PLEASE TICK IF YOU WILL BE NEEDING

ACCOMMODATION

TRANSFER

CONTACT ADDRESS

EMAIL

CONTACT NUMBER

DATE OF BIRTH

NATIONALITY

GENDER (PLEASE TICK AS APPROPRIATE)

FEMALE

MALE

CURRENT SCHOOL / UNIVERSITY / COMPANY

ENGLISH LANGUAGE LEVEL (PLEASE SELECT AS APPROPRIATE)

BEGINNER

INTERMEDIATE

ADVANCED

WHERE DID YOU HEAR ABOUT AUB SUMMER COURSES ?

ARE YOU INTERESTED IN PROGRESSING FURTHER WITH YOUR STUDIES AT AUB ?

YES

NO

IF YES GIVE DETAILS

For more information please contact:

AUB Summer Courses

Wallisdown, Poole Dorset BH12 5HH

+44 1202 853605

summercourses@aub.ac.uk

BOOKING FORM

NEXT OF KIN

FULL NAME

CONTACT ADDRESS

EMAIL

CONTACT NUMBER

DISABILITY

PLEASE NOTE ANY DISABILITIES YOU MAY WISH TO DISCLOSE

IF YOU ARE A NON-EU RESIDENT, PLEASE TICK THIS BOX TO CONFIRM THAT YOU HOLD A VALID VISA (IF REQUIRED) AND PASSPORT FOR THE DURATION OF YOUR SUMMER COURSE

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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(Please submit copy of student passport or ID card with this form)

TERMS AND CONDITIONS

PLEASE TICK THIS BOX TO CONFIRM THAT YOU HAVE READ ALL THE TERMS AND CONDITIONS

<input type="checkbox"/>	YES- 16-17	<input type="checkbox"/>	YES- 18+
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