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BOOKING FORM

Please complete form in English

PERSONAL INFORMATION of STUDENT

Surname: First Name:

Home address:

Town: Postcode:

Country: Nationality:

Telephone: Fax:

e mail:

Date of Birth: M or F: Language spoken:

Hobbies:

REQUIREMENTS of STUDENT

Dates required: or

Duration: weeks Please state 15 or 20 lessons per week

Do you require extra lessons? Yes/No If yes how many?

Host Family Accommodation: Single Room (supplement payable)
Shared Room with same Nationality Other Nationality

Do you like animals? Yes/No Do you smoke? Yes/No

Special Dietary Requirements:

Please ensure we know you are vegetarian etc.

AIRPORT TRANSFERS

If required, we will need FULL flight details and arrival times at least 14 days before start of course if not known at time of booking

Taxi Service: Arrival: Yes/No Departure: Yes/No

Arrival Date: Airport: Time: Flight number:

Departure Date: Airport: Time: Flight number:

ANY OTHER INFORMATION

Please give any information or instructions here that may be helpful in respect of this student eg. May he/she go out in the evenings on unsupervised activities or may he/she go swimming etc?



continued...

BOOKING FORM (page 2)

Please complete form in English

MEDICAL INFORMATION

MILD MEDICINE

On occasion it may become necessary for staff or the host family to administer mild medicines such as cough medicine, throat tablets or paracetamol to students with minor pains or ailments.

I am happy for my child to receive mild medicines Signed:

or
 I do not allow my child to receive mild medicines Signed:

DOCTORS PRESCRIPTION MEDICINE

If we take your child to the doctor and medicine is recommended may we give it to your child?

I am happy for my child to take a doctor's medicine Signed:

or
 I do not allow my child to take a doctor's medicine Signed:

EMERGENCY HOSPITAL TREATMENT

If it becomes necessary for your child to be admitted to hospital for an operation do you give the Course Directors, Group Leaders or your child's Host Family permission to sign the consent forms?

I do give the Course Directors or Host Family permission to sign the operating consent form Signed:

or
 I do not give anybody permission to operate on my child Signed:

If you do not give consent to part or all of the above please give alternative instructions below:

DO YOU HAVE ANY ALLERGIES? Yes/No

If yes please specify:

DO YOU HAVE ANY MEDICAL CONDITIONS OR REQUIREMENTS? Yes/No

If yes please specify:

ANY OTHER COMMENTS/INFORMATION

DECLARATION/AUTHORISATION

I am sending a deposit of £60

I am sending full payment (if less than 14 days to course commencement)

(Please ensure bank transfers include an amount to cover charges)

I have read and understood the terms and conditions which can be viewed on www.hchdorsetuk.com

I will obtain Travel and Medical Insurance which also covers me for Personal Liability (valid for UK)

Signature:

Signature of Parent/Guardian (if under 18):

Date: