PASSPORT APPLICATION FORM

Please complete this form using block capitals.

Programme dates:
Venue:
Your school:
D.N.I.:

PERSONAL DETAILS

Name:	Age:	Date of birth:
Address:	City:	
Postal code:	Province:	Phone: ( )
E-mail:		
Name ONE participant you would like to share a room with *(please write full name):*		
Have you ever been on an English Immersion Programme? *(Circle your answer)*	YES	NO
If yes, please indicate dates and themes of the programmes:		

LANGUAGE OBJECTIVES

Please state your language objectives in brief.

HEALTH RECORD

Please attach a certificate signed by a doctor describing your health condition.
Also attach a photocopy of your medical insurance.
Any allergies? If so, please specify:
Any disabilities? If so, please specify:
Special diet requirements:

AUTHORISATION (for participants below 21 years old) To be signed by parent or guardian.

I hereby authorise my son/daughter to participate in an English Immersion Programme.		
Place	Date	Signed

DECLARATION

I declare I understand the nature of the English Immersion Programmes. I hereby promise to speak English throughout my participation in the event.		
Place	Date	Signed

HOUSING PROGRAMME
I want to receive more information about the Housing Programme.
Please circle your choice

YES NO

Participants get discounts off the programme fees in exchange for offering accommodation to a member of CII International Staff.

Please glue a picture here.

Please staple a second picture here.
Please write your name on the back.