

APPLICATION FORM

OHC SCHOOL LOCATION

PERSONAL DETAILS

Title (Mr, Mrs, etc):

First Name(s):

Surname (Family Name):

Nationality:

Date of Birth (dd/mm/yyyy):

Passport or Identification Number:

(Also attach a copy of the pages in your passport showing your photograph and passport number)

CONTACT DETAILS

Address:

Agent (If applicable):

Telephone:

E-mail:

COURSE DETAILS

Course Name

Start Date

No. Weeks of Study

CONFIRM YOUR CURRENT LEVEL OF ENGLISH

Beginner

Elementary

Pre-Intermediate

Intermediate

Upper-Intermediate

Advanced

Other (please specify):

Proficiency

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ACCOMMODATION

Do you require accommodation? Yes No

Name of accommodation

Duration of Stay (Weeks): Start Date: End Date:

Board Type:

Any Special Requirements? (Dietary, medical, disability access, pets)

AIRPORT TRANSFER

Do you require an airport transfer? Yes No One way Return

Which Airport?: Arrival Date and time:

Flight Number:

OVERSEAS STUDENT HEALTHCARE COVER (AUS/IRE/CAN/USA)

On a student visa you must have Overseas Student Health Cover for the duration of your visit.

Do you wish OHC to arrange your Overseas Student Health Cover? Yes No Length

EXAM (IRELAND ONLY)

In Ireland it is mandatory for Study Visa students to take an exam at the end of their course.

Which exam would you like to book: