

# Canterbury Language Training



## Registration Form Part 1

Please send the completed form to Canterbury Language Training,  
73 Castle Street, Canterbury, Kent CT1 2QD or fax +44 1227 764400  
or email: office@clt.com

Please attach a current passport photograph

### Please register me for:

Dates: from \_\_\_\_\_  
to \_\_\_\_\_

- One-to-One Training (    hrs per week)
- 2-week Micro-Group Training
- 1-week Micro-Group Training
- 1-week Combination Training
- 2-week Combination Training
- 3-week Classic Combination Training

The Director will advise you about the structuring of Combination Training

### Optional Services

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Evening social programme (package only - see note opposite)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Lunches   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Family accommodation (normally reserved from dinner on Sunday evening until the final Saturday morning) | <input type="checkbox"/> | <input type="checkbox"/> |

**NB** Charges quoted in this brochure are for family accommodation only. We can reserve accommodation in a highly recommended local hotel at favourable rates **but payment must be made directly to the hotel by the client.**

4. Hotel accommodation

Please state below any personal preferences to help us organise your host family/hotel eg

Do you smoke?

Other (eg diet, allergies, pets):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Arrival transfer

6. Departure transfer

Please tick if known: London Airports

Ashford International

Please use CAPITAL LETTERS or type (If you need more forms, please photocopy this one).

### NB

Participants are tested and grouped according to linguistic level at the beginning of the course. Micro-Group courses are not suitable for **Beginners**. If you are **Elementary Level** ring us first for advice before registering, as elementary Micro-Group Courses are not always available. If there has **not** been prior consultation we reserve the right to transfer elementary level participants to One-to-One Training with consequent adjustment in hours or costs.

### Your personal details

Family Name \_\_\_\_\_

First Name \_\_\_\_\_

Nationality \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel (work) \_\_\_\_\_

(home) \_\_\_\_\_

(mobile) \_\_\_\_\_

e-mail \_\_\_\_\_

When and where did you last study English? \_\_\_\_\_  
\_\_\_\_\_

### Company Name

### Address

HR/Training Manager \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

e-mail \_\_\_\_\_

How did you hear of CLT? \_\_\_\_\_  
\_\_\_\_\_

### Agent's Name (if applicable)

### Method of Payment

Bank draft

Bank transfer

Visa

Mastercard/Eurocard

American Express

Amount £ \_\_\_\_\_

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Cardholder's address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature as on card \_\_\_\_\_

# Canterbury Language Training



Registration Form Part 2 **Please complete this part carefully.**  
The information you provide will help us plan your course.

What is the nature of your company's business?

What is your position/profession in your company?

What is your main function?

Please estimate your level of English

	Good	Intermediate	Elementary	Beginner
Speaking				
Understanding				
Reading				
Writing				

Please tell us what **you** think are your main strengths and weaknesses in using English.

Why do you need English?

What do you want to be able to do in English after your training?

Is there anything else you would like us to consider when planning your training?