**Booking Form 18+ students**

Please fill your details in below and read our Terms, Conditions and Privacy Policy. Completing this form confirms that you are happy to book a course at IH Manchester and comply with our terms.

|  |  |
| --- | --- |
| Student name |  |
| Student’s date of birth,* country of permanent residence
* native language
* nationality
 |  |
| Student contact number & e-mail address |  |
| Current level of English |  |
| Your classes | Start date - | End date -  |
| English classes only (**Not football students**) Do you want group classes or 1:1 classes? |  |
| English classes only (**Not football students**) How many hours of classes per week? |  |
| **ACCOMMODATION – choose select one option** I have my own accommodation in Manchester |  |
| I request standard homestay accommodation |  |
| I request executive homestay accommodation |  |
| I request self-catering residence accommodation  |  |  |
| Airport transfer required on Arrival (Manchester airport) | YES | NO  |
| Airport transfer required on Departure (Manchester airport) |  YES | NO |
| Arrival flight details  |  |
| Departure flight details |  |
| **For football students ONLY -**  |
| What course do you want  | **BTEC + FOOTBALL**  | **English + FOOTBALL**  | **FOOTBALL ONLY**  |
| Chest size (for kit)  |  |
| Player position and football background  |  |

**BOOKING FORM Page 2**

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| **Information about You** – We request information about your health so that we can be prepared in case of a medical emergency. We will share the information you provide below only with relevant IH Manchester staff and with your host and any relevant third parties (please see our Privacy Policy for details)  |
| Any medical conditions or allergies?  | Dietary requests?  | Do you take any medicine?  | Do you smoke?  |
| Do you want IH Manchester to arrange insurance for you through Guardme (£3.25 per week)? Please see full details of this cover on our website. If yes please provide the start date and end date for your insurance policy – **YES I want Guardme insurance** **NO I don’t want Guardme insurance**  |
| Start date - | End date -  |
| If you booked your course via a school or agent please give their name here  |  |
| Please state here is you are happy for IH Manchester to share details about you and your course with the school or agent named above  | YES | NO |
|   |  |
| Please confirm if you would like us to proceed with this booking now, without waiting the 14 day ‘cooling off’ period | YES | NO |
|  |  |
| Please provide details of your next of kin name and their phone number  |  |

By completing this form, students are agreeing to the Terms, Conditions and Privacy Policy of IH Manchester. Please see our website for full details