|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of student | |  | | | | | | |
| Student’s date of birth | |  | | | | | |
| Student’s mobile phone number and email address | |  | | | | | |
| Students 1st language and nationality | |  | | | | | |
| Start date of course | |  | End date of course | | |  | |
| Which course do you want – | English + Football | | | | Football PLUS | | |
| What is your current level of  English? |  | | | | | | |
| **COVID-19 - I understand and agree that my classes may be online, or face to face in school, during this course (for example, if I have to isolate at any point, or if the school staff consider it is more suitable, due to COVID, then I understand that I will attend classes online). I also understand that classes in school might be hybrid (some students in the classroom and some online via ZOOM). For more information and guidelines, please see our website www.ihmanchester.com** | | | | | | | |
| **Accommodation options - please choose one –** | | | | | | | |
| I have arranged my own accommodation in Manchester | | | | | | | |
| I would like student residence accommodation in Manchester | | | | | | | |
| Please arrange homestay accommodation for me | | | | | | | |
| **Do you want irport transfers on arrival and departure (Manchester airport)?** | | | | **YES** | | | **NO** |
|  | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We request some information about your health in case of a medical emergency. We will only share these details with IHM staff, your host and any relevant third parties (see our Privacy Policy for details)  **DUE TO COVID-19, IT IS VITAL THAT YOU ANSWER THESE HEALTH QUESTIONS WITH ALL INFORMATION. IF YOU HAVE NO CONDITIONS, PLEASE WRITE “NO” IN THE BOX** | | | | |
| Do you have any medical conditions? If yes, please provide details | Do you have any allergies? If yes, please provide details | Do you have any learning support requirements (dyslexia etc) – please provide details | | Do you have any dietary requirements? |
| If you are booking this course via a school or agent, please give their name here | | |  | |
| Please write in this box YES OR NO if you give permission for IHM Football Academy to share details of this booking with the school or agent named above | | | **YES** | **NO** |
|  |  |
| Please confirm that you would like us to proceed with your booking immediately and you do not want to wait 14 days “cooling off” period | | | **YES** | **NO** |
|  |  |

By completing this form, I understand and consent to the terms, conditions and policies of IHM Football Academy. We understand that IHM may share my details with third parties if required - please see our privacy policy for full details.

Personal Travel /Medical Insurance – it is very important that you have arranged suitable personal /medical insurance for yourself, before you come to the UK. IHM Football Academy does not provide or arrange travel / medical insurance for students.

Please provide contact details for your parents / next of kin here -

|  |  |
| --- | --- |
| Parent contact – name, email and whatsapp / telephone numbers |  |
| Parent contact 2 - name, email address & whatsapp / telephone numbers |  |