

Aspect Enrolment Form

HOMESTAY & EDUCATION AUSTRALIA
Suite 103, Level 1, 379-383 Pitt Street
Sydney NSW 2000 Australia
Telephone 02 9268 0933
Facsimile 02 9268 0399

Course start date _____ No. of weeks _____ No. of lessons/week _____

▶ Personal Information

Family Name _____ First Name(s) _____

Date of Birth _____ Sex Male Female

Address _____

City _____ Post Code _____ Country _____

Telephone (private) _____ Telephone (work) _____

Fax _____ Email _____

Nationality _____ Occupation _____

Visa Type _____ DIMIA Office _____

Language level (see page 16 if you are unsure) _____

How did you hear about Aspect? _____

▶ Health

Do you have any special requests (i.e. allergies, dietary needs, no cats/dogs)? Yes No

If Yes, please specify _____ Do you Smoke? Yes No

▶ Insurance

(Medical Insurance is compulsory in the USA, Canada & Australia and is recommended for other locations)

Would you like Aspect Travel and Medical Insurance? Yes No

If not, please state name of your Insurer _____ Policy number _____

Would you like Aspect Cancellation Insurance? Yes No

▶ Travel Details

Date of arrival _____ Time of arrival _____ Date of departure _____

Would you like an Aspect airport transfer? On arrival Yes No On departure Yes No

Flight number _____ Airport and terminal of arrival _____

▶ Accommodation Details

Do you require Aspect to arrange accommodation for you? Yes No

If your answer is yes, please tick your accommodation choice in the table to the right.

No. of weeks needed _____ Date of arrival _____ Date of departure _____

▶ Payment

At this time, I wish to pay: the enrolment fee the full fees

I enclose a cheque for the amount of _____ payable to Aspect ILA PTY Ltd.

I have arranged a bank transfer for the amount of _____ Bank transfers should be sent to:

Perth: Aspect ILA Perth Pty Ltd, ANZ Bank, BSB No. 016002, Account: 353564012

Sydney: Aspect Education Sydney Pty Ltd, ANZ Bank, BSB No.012-366, Account: 938493942

Please send a copy of the transfer document with this form and inform your bank that you will pay bank charges.

I wish to pay by credit card.

Card Number (Visa/Mastercard) _____ Expiry Date _____

Name and address of Cardholder _____

Signature of Cardholder _____

▶ Declaration

I confirm that I have read and accepted the General Conditions outlined on page 14. I authorise any licensed hospital or physician to initiate medical treatment for myself in case of medical emergency or for my child if he/she is under 18 years of age.

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

(if applicant is under 18 yrs of age)

SCHOOL AND COURSE TYPES

Please tick your choice

	Premier Intensive	Premier	Academic Prep. (IELTS/TOEFL)	Cambridge Prep.	High School Prep.	Academic Year	Academic Semester	English for Business Internship	English Plus*
Perth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sydney	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Please tick your chosen English Plus course.

Groups Parent and Child IT

Demi-Pair One-to-One

ACCOMMODATION

Please tick your choice

	Homestay Twin room HB Single room HB	Residence/Hostel Twin/Triple room Single room
Perth	<input type="radio"/>	<input type="radio"/>
Sydney	<input type="radio"/>	<input type="radio"/>



Aspect

International Language Academies