

# Millfield English Language Holiday Courses

**Student Name** \_\_\_\_\_

English Language Holiday Courses (Easter) at Millfield School are for students 12 – 17 years

**Please note Sunday arrival/departure dates**

Sunday 1 April – Sunday 15 April (2 week course)

**Afternoon Options** Please choose just one course per week.

Please note that you may combine courses, e.g.. 1 week Sports & Recreation and 1 week Preparation for UK Schools.

Please tick ☒ the following boxes

WEEK 1 Sunday 1 April – Sunday 8 April	WEEK 2 Sunday 8 April – Sunday 15 April
<b>Preparation for UK Schools</b> <input type="checkbox"/>	<b>Preparation for UK Schools</b> <input type="checkbox"/>
<b>Sports &amp; Recreation</b> <input type="checkbox"/>	<b>Sports &amp; Recreation</b> <input type="checkbox"/>

In order to help with the quick processing of your application and to guarantee a place, please make sure that **all forms** have been completed and returned to the course administrators as soon as possible.

**For an instant response you can complete the application form online at [www.englishholidaycourses.com](http://www.englishholidaycourses.com)**

**Checklist of essential documents** (please tick ☒ when completed)

- ☐ Form 1 (Enrolment Details)
- ☐ Form 2 (Student Information)
- ☐ Form 3 (Student Travel Details)
- ☐ Form 4 (Student Medical Information)
- ☐ Form 5 (Course Fees)

☐ I have read, clearly understood and signed on Form 5 to accept the Terms & Conditions

Please submit this application form by one of the following methods: by email to [mahc@millfieldenterprises.com](mailto:mahc@millfieldenterprises.com) or fax to +44 (0) 1458 840 584 or by post. If you require assistance completing these forms please contact the course administrators.

**Millfield Holiday Courses**

Millfield Enterprises Street Somerset BA16 0YD United Kingdom

**T** +44 (0) 1458 444112/458/319 **F** +44 (0) 1458 840 584 **E** [mahc@millfieldenterprises.com](mailto:mahc@millfieldenterprises.com)

# Student Information

Office use only

**I.D. number** \_\_\_\_\_

Please complete this form in block capitals (e.g. PETER SMITH). Please print clearly in black ink.

## For Visa applications only

Passport number \_\_\_\_\_

Place of issue \_\_\_\_\_

Date of issue \_\_\_\_\_

Expiry date \_\_\_\_\_

## Student Details

Family name \_\_\_\_\_

First name(s) \_\_\_\_\_

Nationality \_\_\_\_\_

Country of birth \_\_\_\_\_

Gender (please tick ☒ Male ☐ Female ☐

Day Month Year

Date of birth



If the student would prefer to share a room with a friend, state their name below

We will do our best to meet your requirements as rooms are subject to suitability and availability

## Language Information

First language (mother tongue) \_\_\_\_\_

Level of English (please tick ☒ only one) Beginner ☐ Elementary ☐ Intermediate ☐ Advanced ☐

## T-Shirt Size

All students will receive a free T-shirt (please tick ☒ to indicate your size)Small ☐Medium ☐Large ☐

## Parent/Guardian Details

Title (Mr, Mrs, Ms, other) \_\_\_\_\_ Family name \_\_\_\_\_ First name(s) \_\_\_\_\_

Tel (home) \_\_\_\_\_ Tel (mobile) \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Country \_\_\_\_\_ E-mail \_\_\_\_\_

## General Information

Has your child attended a Millfield English Language Holiday Course previously? Yes ☐ No ☐How did you hear about Millfield? Friend ☐ Brochure ☐ Internet ☐ Agent ☒Other please state **Referred by ITS Global Education Limited**

# Student Travel Details

Please tell us your travel plans before 5 March 2012  
even if you are not using the Millfield airport transfer service

Office use only

Input date &amp; initials \_\_\_\_\_

## Student Details (please tick ✓ one option only)

Student name \_\_\_\_\_ Age (at time of travel) \_\_\_\_\_

Do you require a standard airport transfer? ☐ Please complete section 1Do you require a private taxi? ☐ Please contact Tony Dubens directly to arrange times and costs then complete section 2Do you wish to make your own arrangements? ☐ Please complete section 2

## Section 1

### Airport Arrival (for students requiring standard airport transfers)

Please tick ✓ arrival date **Sunday 1 April** ☐

Travelling from \_\_\_\_\_ Airport

Please tick ✓ whether you will be arriving at **Bristol** ☐ **Heathrow** ☐ **Gatwick** ☐

Terminal no. \_\_\_\_\_ Flight no. \_\_\_\_\_ Flight arrival time \_\_\_\_\_

### Airport Departure

Please tick ✓ departure date **Sunday 15 April** ☐

Travelling to \_\_\_\_\_ Airport

Please tick ✓ whether you will be departing from **Bristol** ☐ **Heathrow** ☐ **Gatwick** ☐

Terminal no. \_\_\_\_\_ Flight no. \_\_\_\_\_ Flight departure time \_\_\_\_\_

### Parent/Guardian/Agent travel contact name

Please make sure that you are contactable 24/48 hours prior to departure in case we need to reconfirm the travel plans.

Contact mobile/telephone \_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_

**The Key Millfield Representative assigned to co-ordinate all student travel arrangements is Tony Dubens.**

**Contact him with any questions or urgent travel enquiries on the day:**

**Tony Dubens on tonydubens@gmail.com or telephone +44 (0) 7900 555 666**

- All students will be met by a Millfield representative who will be wearing a red Millfield T-shirt and carrying a 'Millfield' sign
- All students must report and introduce themselves to our representatives as soon as they land/arrive
- Please go to the Information Desk in the airport if you cannot find our representatives, or phone Tony Dubens
- Some airlines will request details of the name and address of an individual responsible for meeting the students, please give the following information: Tony Dubens, Millfield Enterprises, Millfield School, Street, Somerset BA16 0YD United Kingdom or telephone +44 (0) 7900 555 666
- As flights land at different times, some students will inevitably have to wait with our staff for other students to arrive, please be prepared for this, but remember – we want to get all the students to Millfield as quickly as possible

## Section 2 (for students arranging a taxi or other arrival/departure)

Please give us details of the student's own arrangements

### Arrival at Millfield

Date \_\_\_\_\_

Arrival time \_\_\_\_\_

Name of accompanying adult \_\_\_\_\_

### Departure from Millfield

Date \_\_\_\_\_

Departure time \_\_\_\_\_

Name of accompanying adult \_\_\_\_\_



# Student Medical Information

Office use only

Input date & initials \_\_\_\_\_

First name \_\_\_\_\_ Family name \_\_\_\_\_

(please tick ✓)

Male ☐ Female ☐ Date of birth 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Age \_\_\_\_\_ Nationality \_\_\_\_\_

A Nurse or an agreed member of staff is on duty throughout the course to treat your child and administer the following over-the-counter medicines: Paracetamol tablets or sugar-free suspension, Ibuprofen, cough linctus, antacid, throat lozenges, anti-histamine and travel sickness tablets.

☐ Please tick ✓ if you are not happy for this treatment to be given and explain your reason \_\_\_\_\_

**Please note that all medication brought on campus must be given to the Residential Co-ordinators upon arrival.**

For reasons of safety, there are strict regulations for the management of medicines. We are only able to accept responsibility for drugs licensed in the UK. Please do not send medicines with your child unless prescribed by a Doctor together with an English translation.

Has your child suffered in the past from any major illness or injury?

(please tick ✓)

If yes, please give details \_\_\_\_\_

Yes ☐ No ☐

Does your child suffer from any current medical issues of which we should be aware?

If yes, please give details \_\_\_\_\_

Yes ☐ No ☐

Is your child currently taking any long-term or repeated medication?

If yes, please state the name, dosage and time for the medication to be administered.

Yes ☐ No ☐

Does your child have any significant allergies or any special dietary requirements?

If yes, please give details \_\_\_\_\_

Yes ☐ No ☐

**Parent/Guardian with parental authority.** Please sign to confirm the information on this form is correct.

Signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Please provide us with an emergency contact name and number(s) where we can reach you, or a suitable alternative, for contact at any time of the day or night.

Emergency contact (name)	Relationship (e.g. parent /guardian)	Phone number (with country = area codes)

## Emergency Treatment

In the event of an emergency, staff will make every reasonable effort to contact a parent or legal guardian before permitting treatment to proceed as advised by the medical authorities present.

## Please inform us immediately if any of this information changes

This information will be accessed and used by staff who are responsible for looking after the welfare of your child

# Course Fees

## Payment Please tick ✓ to indicate length of stay

**Course Fees**    **2 weeks** £2050 ☐ Discounted to £1,845 for bookings via ITS Global Education Limited

**Full fees will be retained if students cancel on /or after 5 March 2012**

Please see Terms & Conditions for full details.

## Standard Airport Transfers If yes, please tick ✓ which airport

The transfer prices are for return journeys (arrival and departure) travel on the arranged Sundays only.

**Bristol** (1hr) £100 ☐    **Heathrow** (2½ hrs) £175 ☐    **Gatwick** (3½ hrs) £250 ☐

Students arriving at Gatwick will be collected for onward travel via Heathrow.

## Total Course Fees Please calculate the total amount due by writing the figures in the applicable boxes

Confirmation details by DHL (international courier) can be arranged (£60)

£ Basic Course + £ Airport transfers + £ DHL = £ Total

The deposit must be submitted with the application. The balance must be paid in full by 5 March 2012.

Pay deposit **£300** ☐ or Pay total course fees **£**

Please note: a £10 administration fee will be charged for each course change per student, once the application has been processed

**I have read, clearly understood and accept the Terms & Conditions**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Chosen method of payment This section must be completed. Please tick ✓ the appropriate boxes

I enclose (please tick ✓ one only)    £ Sterling Cheque ☐    Credit/Debit Card ☐    Bank Transfer ☐

Full payment of £     Deposit of £

**To make payment by Bank transfer please use these bank details:**

**IBAN** (International Bank Account Identifier) GB21 LOYD 3098 2800 081813    **BIC** (Bank Identifier Code) LOYDGB21241    **SWIFT Code** LOYD GB2L

Lloyds TSB Bank, 64 High Street, Street, Somerset BA16 0ED    **Account No:** 0081813    **Sort Code:** 30 – 98 – 28    **Account:** Millfield

**I understand that I will be responsible for any charges incurred when payment is made by Bank Transfer.** ☐

**Please complete and fax to us with a copy of your Bank Transfer.**

**Please note that any booking made on or after 5 March 2012 must be accompanied by full payment.**

Mastercard/Visa

Switch ☐ Solo ☐ (please tick ✓ one only)

Card Expiry Date  Valid from  Issue No.

(for Switch & Solo only)

Security Code

(last 3 digits on the reverse of your card)

Name (please print) \_\_\_\_\_

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

**If you have paid the deposit only, and are paying by credit/debit card, the full balance will automatically be deducted on or just after 5 March 2012.** Alternatively, please ensure that Millfield receives the balance by this date. In line with current legislation, all card details will be destroyed once all balances have been paid in full.



## **MILLFIELD ENTERPRISES**

### **Millfield English Language Holiday Courses**

Millfield Enterprises

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Somerset

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