

STUDENT
PHOTO

APPLICATION FORM

DATE

(day / month / year)

PERSONAL DETAILS

Title Miss Mr. Mrs.

Surname

Name

Date of birth (day/month/year)

Place of Birth

Nationality

1st Language

PASSPORT OR TRAVEL DOCUMENT DETAILS

Passport Number:
Please send a copy of your passport

Place of Issue of Passport

Issue Date (day/month/year)

Expiry Date (day/month/year)

Date of entry to the UK (if applicable) (day/month/year)

HOME ADDRESS & CONTACT DETAILS OVERSEAS

Full Address

Town

Postcode

Country

Email

Skype

Mobile

Telephone (landline)

UK ADDRESS & CONTACT DETAILS OVERSEAS

Full Address

Town

Postcode

Country

Email

Skype

Mobile

Telephone (landline)

Which course do you want to study

Course Name:

Preferred Start Date (not guaranteed)

YOUR CURRENT QUALIFICATIONS

	Qualification Type / Name	Year of Achievement and Score
Highest Qualification		
Foundation / English Qualification		
Course Relevant Qualification		

HOW DID YOU FIND OUT ABOUT THE LONDON CENTRE FOR TRAINING & DEVELOPMENT?

- Internet Search Engine Friend Referral
- Other (please specify):

EMPLOYMENT DETAILS

Job Title:

Brief Description of your Roles and Responsibilities:

Work Hours: Full time Part time Date Commenced:

Status: Paid Voluntary National Insurance No:

PERSONAL STATEMENT

Minimum 350 words and Maximum 600 words -

Please use the space below for summarizing your academic interests and your reasons for choosing your intended course of study.

ACCOMMODATION

Would you like LCTD to arrange accommodation for you? Yes No

Note: subject to availability. 2 weeks' notice is required for homestay

If YES, please tick the accommodation preferred:

- Standard Homestay Executive Homestay Homestay Special Diet
 Standard Student Residential En-suite Student Residential

Start Date (day/month/year)

Finish Date (day/month/year)

Note: Arrival must be on Sunday & Departure must be on Saturday.

Do you smoke? Yes No

Special food requirements: Yes No

If YES, please specify: Vegetarian Halal Allergies Others (please specify)

INSURANCE

Would you like LCTD to arrange insurance cover? (See Terms and Conditions and price list) Yes No

Please note that *insurance cover is included if you book for homestay accommodation.*

If No and staying in homestay, please supply a copy of the policy in English by email: admin@lctd.co.uk.

Otherwise we will add insurance onto your invoice.

AIRPORT TRANSFERS (see price list)

Would you like LCTD to arrange an airport transfer for you? Yes No

Arrival details

Date	Time	Flight No.	Flying from	Flying to

Departure details

Date	Time	Flight No.	Flying from	Flying to

HEALTH

1. Do you take any medication? Yes No If yes, please specify:

2. Do you have any allergies? Yes No If yes, please specify:

3. Do you have any special needs? Yes No If yes, please specify:

REFERENCE 1		REFERENCE 2	
Title:	Name:	Title:	Name:
Address:		Address:	
Post code or Zip:		Post code or Zip:	
Telephone:		Telephone:	
E-mail:		E-mail:	

LONDON CENTRE FOR TRAINING AND DEVELOPMENT – BANK DETAILS

Bank: Lloyds Bank	IBAN No: GB80LOYD30919126448060
Account name: London Centre For Training and Development	BIC: LOYDGB21456
Account No: 30-91-91	Sort Code: 26448060

ADMISSIONS

Please complete and return all sections of this form and return to LCTD along with all relevant documentation including:

- Copy of passport and student visa (if applicable)
- Copies of all educational and professional certificates
- A current CV
- Police check from the host country and DBS if working in the UK
- Evidence of level of English such as IELTS or equivalent (each programme specification will detail the level of English required).

You will be contacted if further information is required.

Full details of all procedures in respect of admissions, registrations and all aspects of study at LCTD (including special requirements for standard visitor visa applicants) can be found on the LCTD website. Please make sure that you familiarize yourself with the course information page and every and any relevant details about making a successful visa application.

DECLARATION

I confirm that I have read, understood and agree to the terms and conditions (in connection with visa refusal and refund) sent with this application form

Full name (Capital letters) _____

Signature _____ Date (day/month/year) _____

AGENT & EDUCATION PARTNER USE ONLY

Agency:	
Contact Name:	
Fax:	
E-mail:	