

Twin Group | Booking Form | Work Experience & Internship Programmes

Student name

English level

Internship Programmes

Course title	Requirements	Course duration	Start date + duration
<input type="checkbox"/> General Internship: Level 1	Age 16+ CEFR level A2 IELTS level 3.5	2 weeks +	No. of weeks <input type="text"/> <input type="text"/> Starts every Monday Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Intermediate Internship: Level 2	Age 18+ CEFR level B1 IELTS level 4.5	3 weeks +	No. of weeks <input type="text"/> <input type="text"/> Starts every Monday Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Graduate Internship: Level 3	Graduates from 21+ CEFR level B2 IELTS level 6.0	16 weeks +	No. of weeks <input type="text"/> <input type="text"/> Starts every Monday Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1			
Areas of work that I hope to find in the UK			
<i>(In order of preference)</i>			
2			
3			

Paid Work Experience Programmes*

Course title	Requirements	Course duration	Start date + duration
<input type="checkbox"/> Hospitality Employment Programme	Age 18+ CEFR level B2 IELTS level 5.5+	25 weeks - 1 year	No. of weeks <input type="text"/> <input type="text"/> Starts every Monday Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

 I would like to validate my work experience with an optional ILM Work Experience Certificate**

 I have attached a copy of my CV

 I have attached a copy of my academic certificates

 I have attached a copy of my English language certificates

* before booking, please check with Twin for seasonal availability and suitability for placement.

** £95

Once completed, please use one of the following methods to return both sections of this form to us:

Email: admissions@twinuk.com | Fax: +44 (0) 20 8297 0984

Post: Admissions, Twin Group, Tower House, 67-71 Lewisham High Street, London SE13 5JX

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Twin Group | Booking Form | Work Experience & Internship Programmes

Student name

 General English and IELTS (optional)

Course title	Requirements	Hours / week	Start date + duration
<input type="checkbox"/> General English	Age 16+ English level: Elementary (CEFR level A1) to Advanced IELTS level 2.5 to 6.5 or equivalent	<input type="checkbox"/> Standard – 15 hours <input type="checkbox"/> Intensive – 23 hours <input type="checkbox"/> One-to-one	<i>Starts every Monday</i> Start date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> End date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/>
<input type="checkbox"/> Combo 5	Age 16+ English level: Elementary (CEFR level A1) to Advanced IELTS level 2.5 to 6.5 or equivalent	15 group hours + 5 one-to-one hours	<i>Starts every Monday</i> Start date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> End date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/>
<input type="checkbox"/> Combo 10	Age 16+ English level: Elementary (CEFR level A1) to Advanced IELTS level 2.5 to 6.5 or equivalent	15 group hours + 10 one-to-one hours	<i>Starts every Monday</i> Start date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> End date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/>
<input type="checkbox"/> General English with IELTS	Age 16+ English level: Elementary (CEFR level A1) to Advanced IELTS level 2.5 to 6.5 or equivalent	23 hours (15 standard hours + 8 IELTS hours)	<i>Starts every Monday</i> Start date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> End date: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/>

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Personal Information

Full name:

As it appears on your passport

Marital status: _____ No. of dependants: _____ Sex: M F Date of birth: D D / M M / Y Y Y Y

Address: _____

City: _____ State: _____

Country: _____ Postal / ZIP code: _____

Phone: _____ + / _____ Fax: _____ + / _____
Including country code

Email: _____

Visa required: NA General Student Visa Student Visitor Visa

Passport and Visa details

Passport number: _____ Valid from: D D / M M / Y Y Valid until: D D / M M / Y Y

Country of issue: _____ Nationality: _____

Family name: _____ Country of birth: _____

Have you ever been refused a visa by any country? Y N *If yes, please give details*

Do you have any criminal convictions in any country? Y N *If yes, please give details*

Date of arrival: D D / M M / Y Y Do you require an airport transfer on arrival? Y N Flight no. | | | | | | | | | | Arrival time: (24H) /

Date of departure: D D / M M / Y Y Do you require an airport transfer on departure? Y N Flight no. | | | | | | | | | | Departure time: (24H) /

Accommodation

Twin Centre: London

Accommodation preferences: Residential Homestay | Single room Twin room En suite *Residential only*

Catering preferences: Bed and Breakfast Half board Full board Self catering only

Do you have any specific dietary requirements? Y N *If yes, please give details*

Do you have any allergies/conditions requiring constant medical attention? Y N *If yes, please give details*

Number of days: _____

Payment

Payment type: Cheque *Drawn on a British bank or bankersdraft, made payable to "Twin Training International"* Bank transfer *A/C name "Twin Training International Limited" HSBC Bank, PLC Account: 12671395 Sort code: 40-18-41 SWIFTBIC: MIDLGB22 IBAN: GB14MIDL40184112671395* Credit / debit card *Fill out details below. Please note, a 2% surcharge applies to credit cards and 4% to Amex*

Card number: | | | | | | | | | | | | | | | | | | | | Start date: M M Y Y Security code: | | |

Name on card: _____ Expiry date: M M Y Y Issue: | | |

Supplier: Visa Amex Mastercard Card type: Credit Debit

Declaration

By signing below, I confirm that I have read and understood and agree to be bound to the Twin Group Terms and Conditions, available for download at <http://www.twinstudycentre.com>. Signature of student or legal guardian (if student is under 18 years).

Signature of student: _____ Date: D D / M M / Y Y Y Y

Signature of legal guardian (if under 18 years): _____ Date: D D / M M / Y Y Y Y

Agent's name: _____