

Application Form



Please note: Apple Mac users will need to open this pdf in Adobe Reader to be able to save data created in this form. This application form is solely for the booking of Courses at IELTS Malta in accordance with its Terms and Conditions.

Agent ID:

Personal Details of Student (exactly as shown on passport)

Family Name (Surname): Sex: Male Female
First Name(s): Address:
Date of birth: Country of birth:
Passport number: Nationality:
Telephone: Mobile phone: Post Code/Zip Code:
E-mail: Fax: Country:

What is your English level? Elementary (CEF A1) Pre-intermediate (A2) Intermediate (B1) Upper-intermediate (B2) Advanced (C1) Post-advanced (C2)
(you can find information on levels in our brochure or at www.ielsmalta.com)

Adults

Choose one of these IELTS centres by ticking the appropriate box: Malta Gozo
Programme Type (see our Price List or www.ielsmalta.com): Start Date: End Date:
Please state your insurance provider: Policy number:

Young Learners

Choose one of these IELTS centres by ticking the appropriate box:
 Host Home Centre Residence Club Residence Sliema Summer Camp
Programme Type (see our Price List or www.ielsmalta.com): Start Date: End Date:
If you wish to book an Optional Programme, Supplementary Course or Plus option, please state this here:

Accommodation

• Please refer to the Price List to check the options available. Please note special room requirements at the bottom of the form.
Arrival date (if different from course): Departure date (if different from course):
Host Family Single room Shared room Private bathroom (extra charge) Executive Gluten-free/Vegetarian Meals (extra charge) Wireless Internet (extra charge)
Please specify any animals you cannot live with. Please specify:
Do you require smoking accommodation if it is available? No Yes
If you are booking a shared room, and you know with whom you would like to share, please state their name here:

Adult Residence/Hotel (selection required only for Adults: where Young Learner residences are included in the package they will be allocated automatically)

		Single room	Shared room	En-suite	Room only	Breakfast	Half-board
Sliema	Day's Inn	<input type="radio"/>	<input type="radio"/>	included	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rocca Nettuno Executive Suites	<input type="radio"/>	<input type="radio"/>	included	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Bay View Hotel	<input type="radio"/>	<input type="radio"/>	included	-	included	<input type="radio"/>
	Waterfront Hotel	<input type="radio"/>	<input type="radio"/>	included	-	included	<input type="radio"/>
	The Palace Hotel	<input type="radio"/>	<input type="radio"/>	included	-	included	<input type="radio"/>
Gozo	Migiarro residence	<input type="radio"/>	<input type="radio"/>	-	included	-	-
	Grand Hotel	<input type="radio"/>	<input type="radio"/>	included	-	included	<input type="radio"/>

Transfers

Do you require transfers? No transfer Arrival transfer Departure transfer

Arrival From: (Airport) To: (Airport) Arrival Date:
Flight code: Leaving at: (Time) Arriving at: (Time)

Departure From: (Airport) To: (Airport) Departure Date:
Flight code: Leaving at: (Time) Arriving at: (Time)

Special Requirements and Health

Do you have any allergies, medical conditions, special dietary requirements, disabilities or special educational needs? No Yes, please specify:

Declaration

By signing this application form you are agreeing that: you have read the Terms and Conditions and the current Price List of IELTS Malta; you agree to those Terms and Conditions; the laws of the jurisdiction in which the IELTS Malta centre where you will study is situated will apply to any agreement arising out of this application form. You also agree to abide by and study within the terms of any visa which may be required for your course. If you wish to opt out from photography and filming, please tick here.

Special instructions/requirements: Name of signatory or agency:
Date: Signature:
Please use the following contact details to send your form: fax +356 2134 3332, e-mail info@ielsmalta.com
If you are filling this form out electronically please type your name above and tick the box to declare that all the information on the form is correct.

Credit Card Authorisation

Name on Card: Security Number (last 3 digits of the number on the back of the card, or 4 digits if American Express):
Billing Address: (Where the card is registered to; for example, home/office address) Amount to be Authorised EUR (€):
Student Number (if known):
Reason for Payment:
I confirm that IELTS Malta can deduct the amount from my credit card.
Card: (Visa/MasterCard/other) Signed:
Card Number: Print Name:
Start Date: Expiry Date: Date: