

ENROLMENT FORM FOR AGENCY BOOKINGS

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Email (Malta/Gozo) info@ihmalta-goza.com Website: www.ihmalta-goza.com

Please mark the centre of your choice: Malta Gozo Young Learners Programme, MALTA

PERSONAL INFORMATION

Agency:		Client name:	
Agent's name:		Client surname:	
Agency Email:		Nationality:	
Agency phone:		Date of birth:	
Agency Address:		Client Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

Does client require a visa to visit Malta/Goza? Yes No Passport Number: _____

COURSE INFORMATION

Please select client's level of English:

Beginner Elementary Pre-intermediate Intermediate Upper intermediate Advanced
(Beginners can only be accepted by prior arrangement or will be offered individual tuition for at least 50% of their course, should their level be unknown on arrival)

Start date: _____ End date: _____ No. of weeks: _____

COURSES		
IH Adults Centre Malta & Gozo Standard Course 20 lessons (45 mins each lesson)		
General English in Group: 20 Lessons <input type="checkbox"/>	Mini Group (max 4 students): 20 Lessons <input type="checkbox"/>	General English 2 to 1: 20 Lessons <input type="checkbox"/>
Individual tuition 1 to 1: 20 Lessons <input type="checkbox"/>	Business Course 1 to 1: 20 Lessons <input type="checkbox"/>	Special Offers: _____ <input type="checkbox"/>
IH Adults Centre Malta & Gozo Intensive Course 30 lessons (45 mins each lesson)		
Intensive English in Group: 30 Lessons <input type="checkbox"/>	Combined Intensive English: 20 Lessons in a group & 10 Lessons Individual Tuition <input type="checkbox"/>	English for Specific Purposes 1 to 1: 30 Lessons <input type="checkbox"/>
Individual tuition 1 to 1: 30 Lessons <input type="checkbox"/>	Business Course 1 to 1: 30 Lessons <input type="checkbox"/>	Packages: _____ <input type="checkbox"/>
IH Young Learners Centre Malta Standard Course 20 lessons (45 mins each lesson)		
General English in Group: 20 Lessons <input type="checkbox"/>		

ACCOMMODATION INFORMATION

Do you want IH to arrange accommodation? Yes No

Start date: _____ End date: _____

Does client have a medical condition/allergy? Yes No

If yes, please give details: _____

Does client have a special diet? Yes No

If yes, please give details: _____

Any other requirements? _____

Accommodation Type:							
Host family (Malta & Gozo)	Bed & breakfast	Half board	Full board	Hotels (Malta & Gozo)	Bed & breakfast	Half board	Full board
Standard sharing room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard single room sharing bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard single room with private bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive single room with ensuite bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guest House	N/a	N/a	N/a
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room Type	_____		

Accommodation Type:								
Apartments (Malta & Gozo)		Self-catering		School Residence (Malta)		Self-catering	Bed & breakfast	Half board
1 bedroom PRIVATE apartment	<input type="checkbox"/>			1 bedroom PRIVATE apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 bedroom PRIVATE apartment	<input type="checkbox"/>			2 bedroom PRIVATE apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 bedroom PRIVATE apartment	<input type="checkbox"/>			1 bedroom SHARING apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 bedroom SHARING apartment	<input type="checkbox"/>			2 bedroom SHARING apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 bedroom SHARING apartment	<input type="checkbox"/>			3 bedroom SHARING apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 bedroom SHARING apartment	<input type="checkbox"/>			Residence (Malta)		Self-catering	Bed & breakfast	Half board
Young Learners (Malta)		Full Board		Twin sharing bedroom	<input type="checkbox"/>	N/a	N/a	N/a
Sharing bedroom	<input type="checkbox"/>			Single bedroom in shared apartment	<input type="checkbox"/>	N/a	N/a	N/a
Sharing with: _____				Single bedroom apartment	<input type="checkbox"/>	N/a	N/a	N/a

PAYMENT

We authorise IH to charge: Net Fees Gross fees

Payment regarding deposits and fees in € may be made in one of the following ways, please select one:

1) CREDIT CARD: Visa MasterCard (A service charge of 4% is made on all credit card payments)

Card number: Expiry date: _____

Name of credit card holder: _____ Card security code (last three digits on signature strip of credit card):

2) BANK TRANSFER: (students from SEPA countries are to select SHARED charges. Whilst students from NON-SEPA countries are to select ORIGINATOR OF PAYMENT charge or add €35 to bank transfers to cover Malta bank charges)

Students studying at Malta or Gozo should send payment to: BLC Ltd, International House Malta, c/o Bank of Valletta, Preluna Branch, Sliema
 Account Number: 40010251236, IBAN No: MT23VALL2201300000040010251236 BIC/SWIFT: VALLMTMT

AIRPORT TRANSFERS & INSURANCE

TRANSFER DETAILS:

Do you want IH to arrange client's transfer (included for Young Learners) Yes No

If yes, please choose one of the following options:

Taxi transfer (includes meeting service) One way Return

If you have requested a transfer, please enter flight details and mobile number (if available) below:

ARRIVAL DATE: Arrival time: Flight number: Airline: From Airport:

DEPARTURE DATE: Depart time: Flight number: Airline: To Airport:

Passenger's mobile number (if available): _____

Are you flying as an unaccompanied minor? (if yes, add the supplement of €75.00) (applicable only for Young Learners) Yes No

INSURANCE: Would you like us to provide travel insurance cover? Yes No
 ((if yes, add the supplement of €20.00 up to 3 weeks, €7.00 for every additional week thereafter) (obligatory for Young Learners)

Is there anything else you would like to mention to IH regarding your enrolment (e.g. special course / accommodation / transfer requests)?

TERMS AND CONDITIONS

Please visit our website to see our terms & conditions

Fee calculator	
Course resource fee	€
Tuition fee (weeks)	€
Accommodation fee (weeks)	€
Airport transfers (if required)	€
Bank transfer charge (if applicable)	€
Other	€
Total payment due	€
Total payment enclosed	€

For students under 18	
Full name of parent/guardian:	_____
Address:	_____
Parent's or guardian's signature:	_____
Signature:	Date:



Data Protection Clause – Please Read

In accordance with the requirements of the Data Protection Act (Chapter 440 of the Laws of Malta), Business Language Connection Ltd, trading as International House Malta-Gozo (“the Company”) will process personal data contained on this booking form to comply with the requirements of any laws to which it is subject being in force in Malta from time to time; and/or the performance of the conditions/preferences identified in this form; and/or to protect the Company’s legitimate interests; and/or to ensure that legal claims will be able to be established, exercised or defended; and/or to inform you about our products/services or events organized or supported by the Company. We may share components of your data with trusted third parties in order to provide you with required services. You retain your right to access, rectify and, where applicable, the right to erase data in terms of the Act. However, kindly inform the Company of any alterations relating to your personal data which is being processed. The Company undertakes to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of data processed. I confirm that the emergency contact person is aware that I have provided you with his/her details