

Application Form

Mail: P.O. Box 36-161, Christchurch 8146, New Zealand. Fax: +(64 3) 355 3236 Phone: +(64 3) 355 3231
E-mail: study-at@aspiring.ac.nz

Surname: _____
First name(s): _____ Mr / Ms
Nationality: _____ Date of birth: _____
Current address: _____
Telephone, fax, mobile phone: _____ E-mail: _____
Occupation: _____ Current level of English: _____
Personal interests: _____
Where did you hear about our Institute? _____

Your enrolment: FROM: TO: Number of Weeks:
(Day/Month/Year)/...../...../...../..... _____

Which course would you like to enrol in:

1. Intensive English Course available all year
2. Preparation for Cambridge Examinations * please check course dates
 First Certificate (FCE) Advanced (CAE) Proficiency (CPE)
3. English Plus Tennis available all year
4. Private tuition programme (1:1) by prior arrangement only

*) Cambridge course enrolments:

Acceptance is subject to the entry test organised by Aspiring Language Institute. If your level is insufficient for the course chosen, you will have an option of enrolling in a course at a lower level.

Would you like us to arrange a homestay for you? Yes / No
From: _____ To: _____ Number of weeks: _____
Do you smoke? Yes / No (Most New Zealand homes are non-smoking)
Do you have any medical condition or any special requirements regarding your accommodation?

Medical and Travel Insurance

It is a condition of enrolment to have medical and travel insurance. We use and recommend the Uni-Care International Student Insurance. This policy may also refund your school fees. Please ask for details.

- I would like the Uni-Care NZ Student Plan Insurance Policy: or:
 - I am organising my own insurance covering my medical costs, travel expenses and school fees:
Name of your insurance and the expiry date: _____
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I have read and accepted the conditions of enrolment at Aspiring Language Institute

Signed: _____ Date: _____