

# 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

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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? \_\_\_\_\_

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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)*
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.

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## 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?  
\_\_\_\_\_

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## 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: \_\_\_\_\_