

**Part A**

<b>Personal information</b>																		
Surname	First name	<input type="checkbox"/> Male <input type="checkbox"/> Female																
Date of birth	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	Occupation								
Y	Y	Y	Y	M	M	D	D											
<b>Contact information</b>																		
Telephone number (home)	Telephone number (office)	E-mail																
Postal address																		
<b>Passport information</b>																		
Passport number	Place of issue																	
Date of issue	Expiry date																	
<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	<table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>		Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D											
Y	Y	Y	Y	M	M	D	D											
<b>Reason for intended study</b>																		
<input type="checkbox"/> Self-interest <input type="checkbox"/> Academic purposes <input type="checkbox"/> Professional purposes <input type="checkbox"/> Other																		
<b>Number of week's of study</b> <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/> 12 weeks <input type="checkbox"/>																		
<b>Intended start date (any Monday)</b> Monday, _____, 2018 <b>Intended end date (any Friday)</b> Friday, _____, 2018																		
<b>Estimated current level of proficiency</b> <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2																		
<b>Intended course of study</b> <input type="checkbox"/> One-to-one <input type="checkbox"/> English for Business <input type="checkbox"/> General English <input type="checkbox"/> Intensive English <input type="checkbox"/> IELTS/TOEFL Preparation <input type="checkbox"/> Academic Access Programme <input type="checkbox"/> Other _____ <input type="checkbox"/> Tailor-made group programme (minimum four clients from company)																		
<b>Medical insurance information</b>																		
Would you like OWLS to apply for medical insurance for you? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Medical insurance plan and number (if applicable)																		
<b>Contact details in country of origin (in cases of emergency)</b>																		
Surname	First name	Relationship																
Telephone number	Email																	
<b>Recruiting agent's details/person referral (if applicable)</b>																		
Name	Postal address																	



**Part B**

**Would you like OWLS to arrange accommodation for you?**     Yes     No

What type of accommodation do you prefer?

- Self-catering bachelor flat (R6000 /month)     S/C semi- furnished one-bedroom flat (R7000 /month)
- Self-catering fully furnished one-bedroom flat (R8000 per month)
- Guesthouse (R700 / day)     Backpackers (R450 /day)
- Host family (including full board: R9000 /month)

**Please note that all types of accommodation are subject to availability.**

**Part C**

**Highest level of education**     High School Certificate     Diploma     Degree  
 Post Degree    Specify .....     Other

Field of study

Educational institution where it was obtained

**Part D**

Any comments or information we should know about to make your experience at OWLS memorable?

**Campus** (Please tick the campus you would like to study at)

Stellenbosch     Durbanville     Cape Town   

Signature: \_\_\_\_\_

Date: \_\_\_\_\_