



**Leeds English  
Language School**  
Effective Learning

# International Application Form 2019/20

Accredited by the  
  
for the teaching  
of English in the UK



Better Learning Partner

## Student Details

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_ Gender Male Female Nationality \_\_\_\_\_

First Language \_\_\_\_\_

Email \_\_\_\_\_ Mobile Number \_\_\_\_\_

Are you a government-sponsored student? **OR** Are you a self-funded student?

What type of visa will you apply for (if applicable)? \_\_\_\_\_

## Course Details

Name of Course \_\_\_\_\_

Start Date \_\_\_ / \_\_\_ / \_\_\_\_\_ End Date \_\_\_ / \_\_\_ / \_\_\_\_\_

## Accommodation Details

We can book the accommodation options below for you. Please choose one of the following, if required.

Carr Mills Student Residence North Grange Road Victoria Court Mews I do not need accommodation

## Confirmation

Agent Name (if applicable) \_\_\_\_\_

I hereby give my permission for the above named agent to act on my behalf during my application process to study at Leeds English Language School.

Signature \_\_\_\_\_

By submitting this application form to the school you confirm that you agree to the terms and conditions and policies found on [www.leedsenglish.com](http://www.leedsenglish.com).

The school will only pass your details to our accommodation providers and/or taxi transfer companies (if you are booking these through the school). Your details will not be given or sold to other companies unless agreed by you. Please sign below to confirm that you understand the above information and that all information provided on the application form is correct.

Signature \_\_\_\_\_

**Please attach a scan of your passport and any relevant English language certificates.**

## Medical Details

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Do you have any special needs or learning difficulties?    Yes    No

Please give details

Do you have any medical issues that may affect your studies?    Yes    No

Please give details

Do you take regular medication?    Yes    No

Please give details

If you are pregnant, please indicate how many weeks \_\_\_\_\_

Do you have travel/ health insurance?    Yes    No

Signature \_\_\_\_\_

## Save this Document

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To save this document, go to **FILE** and then **SAVE AS**. On the file description, please put your first name, current month and year e.g. **John\_February2019.pdf**. In case of any questions, please e-mail us at [info@leedsenglish.com](mailto:info@leedsenglish.com)

**Please return this form to [info@leedsenglish.com](mailto:info@leedsenglish.com)**



**Leeds English  
Language School**  
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