

EC ENROLMENT FORM 2025

1 of 2



STUDENT INFORMATION

First Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD MM YYYY
Family Name:	If the student will be under the age of 18 at time of course commencement it is important that a completed and signed parental consent form is sent together with the enrolment in order to allow us to process the booking	
Country of Birth:	Mother Tongue:	
Nationality:		
Address:		
Country:	City:	Postcode:
Mobile No:	Student Email:	Passport No:

EMERGENCY CONTACT | LEGAL GUARDIAN – If the student is under 18 years of age

First Name:	Family Name:
Tel:	

AGENCY

Are you applying through an agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered Yes	Agency Name:
Agent Email:	Contact Person:	

WHERE DO YOU WANT TO STUDY?

USA	Canada	UK & Ireland	Malta, S. Africa & UAE
<input type="checkbox"/> Boston <input type="checkbox"/> San Francisco	<input type="checkbox"/> Montreal	<input type="checkbox"/> London <input type="checkbox"/> Bristol	<input type="checkbox"/> Malta
<input type="checkbox"/> New York <input type="checkbox"/> San Diego	<input type="checkbox"/> Toronto	<input type="checkbox"/> London 30+ <input type="checkbox"/> Manchester	<input type="checkbox"/> Malta 30+
<input type="checkbox"/> New York 30+ <input type="checkbox"/> Los Angeles	<input type="checkbox"/> Toronto 30+	<input type="checkbox"/> Cambridge <input type="checkbox"/> Dublin	<input type="checkbox"/> Cape Town
	<input type="checkbox"/> Vancouver	<input type="checkbox"/> Brighton <input type="checkbox"/> Dublin 30+	<input type="checkbox"/> Cape Town 30+
	<input type="checkbox"/> Vancouver 30+	<input type="checkbox"/> Brighton 30+ <small>HIGH SEASON ONLY</small>	<input type="checkbox"/> Dubai

YOUR LEVEL OF ENGLISH?

<input type="checkbox"/> Beginner <input type="checkbox"/> Pre-intermediate <input type="checkbox"/> Upper-intermediate <input type="checkbox"/> Advanced	If you have completed an exam such as IELTS or TOEFL please provide a copy of your certificate.
<input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Pre-advanced <input type="checkbox"/> Proficiency	

COURSE INFORMATION

Course Name:	How many lessons per week:
Start Date: DD MM YYYY Courses run from Monday to Friday	Number of weeks:

ENGLISH PLUS

Name of Extra Activity:
Virtual Internships Start Date Options: <input type="checkbox"/> Provisional <input type="checkbox"/> Fixed Start Date: DD MM YYYY

PROFESSIONAL CERTIFICATES (Dubai only)

☐ Principles of Marketing ☐ Leadership and Management ☐ Introduction to the Business World

UNIVERSITY ADMISSION SERVICE

Are you going to apply for a EC Partner university or college? ☐ Yes ☐ No What Country? ☐ Canada ☐ USA

EXTRA SUPPORT

Do you have any learning or physical needs that require support?
(e.g. sight impairment, dyslexia).
What support do you require?

VISA

What type do you plan to hold while you are studying at EC?

☐ Student ☐ Working holiday ☐ Visitor ☐ Long Stay Schengen Visa (D-type) ☐ Other Please specify:

VFS.Global Service Type (Malta Only) ☐ Standard ☐ Extended

EC Vancouver: If applying for a study permit, by submitting this application, you acknowledge and consent that the personal information provided will be shared with the Ministry, IRCC, and incorporated into the PAL for operational and evaluation purposes as per BC regulations.



TRANSFERS & FLIGHT INFORMATION

Transfers required	<input type="checkbox"/> One Way	Arrival Date: DD MM YYYY	Departure - Airport / City:
	<input type="checkbox"/> Return	Arrival Flight No:	
	<input type="checkbox"/> None	Arrival Time:	Arrival - Airport: including terminal

ACCOMMODATION - Saturday to Saturday*

 Number of Weeks

Do you require accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Arrival Date: DD MM YYYY	Departure Date: DD MM YYYY
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* Malta: arrival and departure can be either on Saturday or Sunday.

Name of your accommodation?

DON'T KNOW? CHOOSE HERE – what type of accommodation would you like? HOMESTAY or RESIDENCE / APARTMENTS	
<input type="checkbox"/> HOMESTAY	<input type="checkbox"/> RESIDENCE / APARTMENTS
Room Type <input type="checkbox"/> Single <input type="checkbox"/> Twin Bathroom Type <input type="checkbox"/> Shared <input type="checkbox"/> Private Board Status <input type="checkbox"/> Half Board <input type="checkbox"/> B&B <input type="checkbox"/> Self Catering	Room Type <input type="text"/> Bathroom Type <input type="text"/>

EARLY ARRIVALS AND EXTENSIONS

When a student requests a stay of less than 7 days, or additional nights are required at the start or end of a stay, the following rules will apply:

For stays of 1 or 2 nights

- Availability can only be guaranteed within 21 days of arrival (subject to availability).
- For arrivals during high season (as noted on the Price List), availability can only be guaranteed within 7 days of arrival (subject to availability).
- Extra nights are ONLY available as an extension to a booking and cannot be made as a stand alone booking.
- Once confirmed, the booking is guaranteed and is subject to EC's standard Terms and Conditions for EC Accommodation.
- Additional nights will only be offered at the approved Additional Night Rates.

For stays of 3+ nights

- Students will be charged at the weekly rate.

SPECIAL REQUESTS / MEDICAL INFORMATION

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A non-smoking family?	<input type="checkbox"/> Preferred	<input type="checkbox"/> Mandatory
Are you vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A non-pet family?	<input type="checkbox"/> Preferred	<input type="checkbox"/> Mandatory
Are you allergic to pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A family without children?	<input type="checkbox"/> Preferred	<input type="checkbox"/> Mandatory

Please use the space below for extra information and special requirements (allergies, medical conditions, dietary requirements etc)

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PLEASE NOTE: By providing information concerning your health and medical status you consent to EC using this information as set out in our Privacy Policy and the Terms and Conditions. EC will aim to accommodate special requirements, however certain requests may not be possible or may incur additional charges. All special requests are subject to availability and confirmation.

PAYMENT

Who will be paying for your course?	<input type="checkbox"/> Direct payment by me/parent/company
	<input type="checkbox"/> Payment via my agent
	<input type="checkbox"/> Payment through a sponsor

An enrolment fee will be added to your invoice and the amount falls due when the booking is confirmed, if you are paying via your agent, please settle the payment directly with him or her.

OPTIONAL STUDENT INSURANCE

Would you like to purchase student insurance? ☐ Yes ☐ No

I declare that all information provided in this application form is correct and that I have read and understood, and agree to be bound by the Terms and Conditions of enrolment as set out in this document and on the EC website at www.ecenglish.com I understand that acceptance into any course at EC is subject to meeting the course's entry requirements and submitting the required payment of fees a minimum of 14 days prior to the commencement date of the course.

Signature

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Date

DD	MM	YYYY
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The privacy of your information is extremely important to us. We will only ask for and use your personal information for the purposes set-out in our Privacy Policy and in accordance with data protection legislation. For more information please visit www.ecenglish.com/en/privacy-policy.