



APPLICATION FORM



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|--|----------------------------------|------------------|--|
| Course Title: | | From (dd/mm/yy): | (dd/mm/yy): |
| Time and location of lesson: | | From (hh:mm): | (hh:mm): |
| Name (Please underline your family name): | | | |
| Date of birth: | Age: | Sex: | Nationality: |
| Company/Organisation (if applicable): | | | |
| Present job title s(if applicable): | | | |
| Present job responsibilities (if applicable): | | | |
| Mailing address: | | | |
| Tel (Including country code): | | Fax: | E-mail: |
| <i>Emergency contact information (please only fill in this section if this application is on behalf of your child)</i> | | | |
| Contact name (parent/guardian): | | | |
| Mailing address: | | | |
| Tel (Including country code): | | Fax: | E-mail: |
| Educational qualification: | | Subject/Field: | |
| Mandarin proficiency | Spoken: Excellent/Good/Fair/Poor | | Written: Excellent/Good/Fair/Poor |
| Financial support <i>(Please give the name and address of the sponsoring agency):</i> | | | |
| The undersigned certifies that the above mentioned statements are true, complete and correct. | | | |
| Applicant's signature: | | Place: | Date: |
| The candidature of the applicant for the above mentioned training course is hereby approved in the interest and benefit of our organisation. | | | |
| Signature of the employer/authorised person | | Designation: | Date: |
| <i>Please fill up the form clearly and tick-mark wherever options are given. Please submit the completed form in an A4 size paper by mail or fax or email to the address given below. Applicants will be notified by mail or fax to confirm their acceptance for the training.</i> | | | |
| Course Coordinator Mandarin Chinese Education, 66 Finsbury Park Avenue, London, N4 1DS Tel: (0845) 519 3026 Fax: (0871) 218 1307 E-mail: info@mandarinchinese.co.uk | | | Passport size Photograph <i>(please only provide this if application is on behalf of your child)</i> |