

Student name I have attached my CV I have attached a copy of my English language certificate

Internship Programmes

Course title	Requirements	Course duration	Start date + duration
<input type="checkbox"/> General Internship: Level 1	Age 16+ IELTS 3.5 or equivalent EU Nationals only	From 2 weeks +	No. of weeks <input type="text"/> <input type="text"/> STARTS EVERY MONDAY Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Intermediate Internship: Level 2	Age 18+ IELTS 4.5 or equivalent EU Nationals only	From 3 weeks +	No. of weeks <input type="text"/> <input type="text"/> STARTS EVERY MONDAY Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Part Time Internship	Age 16+ IELTS 4.5 or equivalent EU Nationals only	From 3 weeks +	No. of weeks <input type="text"/> <input type="text"/> STARTS EVERY MONDAY Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Advanced Internship: Level 3	Age 21+ IELTS 6.0 or equivalent EU Nationals only	From 16 weeks +	No. of weeks <input type="text"/> <input type="text"/> STARTS EVERY MONDAY Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Executive Internship: Level 4	Age 25+ IELTS 6.0 or equivalent EU Nationals only	4, 8 or 16 weeks	No. of weeks <input type="text"/> <input type="text"/> STARTS EVERY MONDAY Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Paid Work Experience Programmes*

Course title	Requirements	Course duration	Start date + duration
<input type="checkbox"/> Paid Work Experience: Level 1	Age 18+ IELTS 4.5 or equivalent EU Nationals only	13 weeks - 1 year	No. of weeks <input type="text"/> <input type="text"/> STARTS EVERY MONDAY Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Paid Work Experience: Level 2	Age 21+ IELTS 5.5 or equivalent EU Nationals only Previous and relevant work experience	25 weeks - 1 year	No. of weeks <input type="text"/> <input type="text"/> STARTS EVERY MONDAY Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Before booking, please check with Twin for seasonal availability and suitability for placement.

Once completed, please use one of the following methods to return both sections of this form to us

Email: admissions@twinuk.com | Fax: +44 (0) 20 8297 0984

Post: Admissions, Twin Group, Tower House, 67-71 Lewisham High Street, London SE13 5JX



PERSONAL INFORMATION

Full name AS IT APPEARS ON YOUR PASSPORT

Marital status No. of dependants Sex M F Date of birth

Address

City State

Country Postal / ZIP code

Phone INC. COUNTRY CODE + Fax INC. COUNTRY CODE +

Email

PASSPORT AND VISA DETAILS

Passport number Valid from Valid until

Country of issue Nationality

Family name Country of birth

Have you ever been refused a visa by any country? Y N IF YES, PLEASE GIVE DETAILS

Do you have any criminal convictions in any country? Y N IF YES, PLEASE GIVE DETAILS

Date of arrival Do you require an airport transfer on arrival? Y N Flight no. Arrival time (24H) :

Date of departure Do you require an airport transfer on departure? Y N Flight no. Departure time (24H) :

ACCOMMODATION

Twin Centre Twin ISC London Twin EC Eastbourne Twin ISC Leeds Trinity Twin ISC St. Dunstons Twin ISC Cambridge

Accommodation preferences Residential SELF CATERING ONLY Homestay Single room Twin room En suite RESIDENTIAL ONLY

Catering preferences HOMESTAY ONLY Bed and Breakfast Half board Full board

Do you have any specific dietary requirements? Y N IF YES, PLEASE GIVE DETAILS

Do you have any allergies / conditions requiring constant medical attention? Y N IF YES, PLEASE GIVE DETAILS

PAYMENT

Payment type Cheque DRAWN ON A BRITISH BANK OR BANKERS DRAFT, MADE PAYABLE TO "TWIN TRAINING INTERNATIONAL" Bank transfer A/C NAME "TWIN TRAINING INTERNATIONAL" ACCOUNT 00952486 SORT CODE 20-06-05 IBAN GB06 2006 0500 9524 86 SWIFTBIC BARCGB22 Credit / debit card FILL OUT DETAILS BELOW. PLEASE NOTE, A 2% SURCHARGE APPLIES TO CREDIT CARDS, AND 4% TO AMEX.

Card number Start date Security code

Name on card Expiry date Issue

Supplier Visa Amex Mastercard Card type Credit Debit

DECLARATION

By signing below, I confirm that I have read and understood and agree to be bound to the Twin Group Terms and Conditions, available for download at <http://www.workuk.co.uk/downloads>. Signature of student or legal guardian (if student is under 18 years).

Signature of student Date

Signature of legal guardian IF UNDER 18 YEARS Date

Agent's name

