

KRISTALL INTERNATIONAL T.E.F.L.

Course Location Dates

Photograph (optional)

Please Print off Page and Return.

Please print your name as it will appear on your certificate

Surname..... Dr/Mr/Mrs/Miss..... Forename/s.....

Address.....

..... Post Code.....

Tel No. (Home) (Work).....

Date of Birth..... Present Occupation.....

Teaching experience (if any).....

Your Education or Training so far:

Your Experience Overseas?

Do you speak another language? **Yes / No**, If yes which?

Do you intent to work abroad or in the UK?

Your Hobbies and interest

How did you find out about us

I am applying for: Module 1 Modules 1 & 2 Modules 1, 2 & 3
 Module 2 only Module 3 only

Payment Option A – Credit / Debit Card

If you wish to pay Credit or Dedit Card you can do so at **no extra charge.**

I Wish to pay by Visa / Delta / Eurocard Mastercard/Maestro / Solo / JCB / Cash / Cheque / Postal Order.

I authorise you to debit my account with the amount of £..... (must equal full payment)

Mr Card Number is:																	
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Issue Number:			Expiry Date:				Start Date:			
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3 Digit (CVV2) on back of card: <small>Your CVV2 number is the three digit code located on the back of your credit card after your normal credit card numbers</small>			
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Name on Card Telephone No.

Address.....

..... Signature

Payment Option B – Cheque

I enclose a cheque for £..... (this must be for full payment and made payable to Kristall)

PLEASE NOTE THAT CHEQUE PAYMENTS MUST BE RECEIVED NO LATER THAN **7 WORKING DAYS BEFORE** YOUR COURSE – THANK YOU.