

NAME	Given name	Surname		
ADDRESS	Post code			
TELEPHONE	Home	fax		
	Mobile	e-mail address		@
	Emergency contact name	Relationship		
	Telephone:	fax:		Mobile:
	e-mail:	@		
DATE OF BIRTH	Birth date (DD/MM/YY) / /	Age	Sex M • F	
OCCUPATION	<input type="checkbox"/> student <input type="checkbox"/> unemployed <input type="checkbox"/> employed, if so what?..... <input type="checkbox"/> other.....			
PASSPORT	Passport number	Nationality		
	Expiry date (DD/MM/YY) / /			
VISA TYPE	<input type="checkbox"/> tourist <input type="checkbox"/> working holiday <input type="checkbox"/> student <input type="checkbox"/> other			
TRAVEL DETAILS	Departure date (DD/MM/YY) / /	Flight N ^o		
	Arrival date (DD/MM/YY) / /	Flight N ^o		
PACKAGE DETAILS	Name of package	Length of course..... weeks		
	Start date from (DD/MM/YY) / /	to	/ /	
	<input type="checkbox"/> part-time <input type="checkbox"/> full-time	<input type="checkbox"/> other.....		
ENGLISH LEVEL	<input type="checkbox"/> Beginner <input type="checkbox"/> Elementary <input type="checkbox"/> Lower intermediate <input type="checkbox"/> Intermediate <input type="checkbox"/> Upper intermediate <input type="checkbox"/> Advanced			
ACCOMMODATION	Accommodation required from (DD/MM/YY) / / to / /			
	<input type="checkbox"/> home-stay <input type="checkbox"/> apartment <input type="checkbox"/> student residence			
	<input type="checkbox"/> hotel <input type="checkbox"/> backpacker <input type="checkbox"/> other			
HOST FAMILY	Do you wish to live with children?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> No preference	
	Do you wish to stay with pets?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> No preference	
	Do you prefer a non-smoking family?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> No preference	
	Do you prefer a young family	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> No preference	
ALLERGIES HEALTH	Do you smoke?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	Do you have any special dietary requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If so, what?			
	Do you have any allergies or medical conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If so, please name			
	Do you take any medicine for your medical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	If so, what is the name of the medicine?.....			
HOBBIES INTERESTS	<input type="checkbox"/> movies <input type="checkbox"/> music <input type="checkbox"/> cooking <input type="checkbox"/> karaoke <input type="checkbox"/> snowboarding <input type="checkbox"/> swimming <input type="checkbox"/> tennis <input type="checkbox"/> reading <input type="checkbox"/> others.....			
INSURANCE	Do you require medical and travel insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	If not, please state name of insurer..... Policy number:			
	<i>NOTE: Medical and travel insurance is compulsory in Australia and New Zealand</i>			
PAYMENT	<input type="checkbox"/> I would like to pay by telegraphic transfer the amount of NZ\$.00 including a non-refundable registration fee of NZ\$350.			
I have knowledge of the <i>Code of Practice</i> . I agree that all of the information I have given in this application is true. I agree that I have read and understood the terms and conditions of LessonzAbroad Limited.		<input checked="" type="radio"/> Where did you hear about Lessonz Abroad? <input checked="" type="radio"/> Any false information given in this application may be declined. <input checked="" type="radio"/> All applicants 18 years or under must have signed permission from a family member or guardian.		
Signature of applicant • Date / /				
Signature of guardian • Date / /				
METHODS OF PAYMENT Bank transfer from your bank to: Kiwi Bank Head Office, 155 The Terrace, Wellington, New Zealand. Telephone: + 64-4-473-1133 Account name: Lessonz Abroad Limited Account number: 38-9003-0659880-00				

Please send your completed application form by post to: Lessonz Abroad Ltd, PO Box 340165, Birkenhead, North Shore, Auckland 1310, New Zealand. Or send by fax + 64 9 482 3068, or email: info@lessonzabroad.com