

English in Action Italy

Booking Form 2013

Please complete and fax to **010 3620805** or email to **info@englishinactionitaly.com**

Do you have questions about how to complete this form?

Email **info@englishinactionitaly.com**

or

Call **010 3622489** (09.00-13.00 – 15.00 - 18.00)

Section 1 – School details and booking summary

SCHOOL NAME		NAME OF SCHOOL HEAD/DIRECTOR	
ADDRESS			REGION
TOWN OR CITY	POSTCODE	PROVINCE	
SCHOOL TELEPHONE NUMBER	SCHOOL FAX NUMBER	SCHOOL WEBSITE ADDRESS	
CONTACT TEACHER NAME(S)	CONTACT TEACHER TELEPHONE NUMBER(S)*		
	Home:	Home:	
	Mobile:	Mobile:	
EMAIL(S) OF CONTACT TEACHER(S)			SCHOOL EMAIL

*Please give number(s) so that our Senior Teacher can phone on arrival to arrange a Sunday evening/Monday morning meeting with the liaison teacher

Location of course – if different from above

NAME OF CENTRE		NAME OF CENTRE ADMINISTRATOR (if known)	
ADDRESS			REGION
TOWN OR CITY	POSTCODE	PROVINCE	
SCHOOL TELEPHONE NUMBER	SCHOOL FAX NUMBER	SCHOOL EMAIL	

Total nr of participants

Preferred course dates

Type of course

NUMBER	DATE	STD EIA	1/2 EIA	EIA FULL DAY	EIA EXPERIENCE	EIA TDP

School/centre facilities – please indicate which facilities will be available to our teachers

CD PLAYER	DVD PLAYER	COMPUTER ACCESS	INTERNET	LAPTOP PROJECTOR	THEATRE	GYM	RECREATIONAL AREA
yes	yes	yes	yes	yes	yes	yes	yes
no	no	no	no	no	no	no	no

Kindly note that our teachers will always require access to and use of a blackboard/whiteboard and photocopier. Please tick this box to confirm that these will be available for our teachers' use.

Access

Accommodation

WE WELCOME SUGGESTIONS FOR REASONABLY PRICED ACCOMMODATION CLOSE TO THE SCHOOL/CENTRE

AIRPORT CLOSEST TO THE CENTRE	NAME AND ADDRESS	CONTACT DETAILS (if known)
MAINLINE TRAIN STATION CLOSEST TO THE CENTRE		

Young Learner , Classic General English, School Exam and Business Courses

Section 2 - Course details NB: for International English Exam Preparation courses or Teacher Development courses please contact us by email to discuss your exact requirements: info@englishinactionitaly.com

Primary courses:

- CL1 = Climbers 1 (A1 – Beginner)
- CL 2 = Climbers 2 (A1 – Beginner)
- TR1 = Trekkers 1 (A1 – Post-Beginner)
- TR2 = Trekkers 2 (A1 – Post-Beginner)
- EX1 = Explorers 1 (A1 – Elementary)
- EX2 = Explorers 2 (A1 – Elementary)
- RA1 = Rangers 1 (A1/A2 – High-Elementary)
- RA2 = Rangers 2 (A2 – Pre-Intermediate)

Secondary courses:

- B = Breakthrough (A1)
- W = Waystage (A2)
- T = Threshold (B1)
- V = Vantage (B2)
- E = Effectiveness (C1)

- BCS = Business Communication Skills (A2/B1)
- BB = Business Booster (A2/B1)
- BIA = Business in Action (B1/B2)
- BE = Business English (B2/C1)

Specialist & Vocational Courses:

- BLC = British Language and Culture (B1)
- LT = Leisure and Tourism Industry (B1)
- MB = Matura Booster (B2)

Class details

Complete for each English in Action class – if you have more than 8 classes please photocopy and complete a 2nd sheet

Class	Number of students	Age range and form Eg: (13-14) 3rd form	Level of English (A1, A2, B1, B2, C1)	Course required (please enter course code – see above)	Have any students previously attended an EiA course? (yes/no + date and number of students)
1					
2					
3					
4					
5					
6					
7					
8					

Timetable

Please supply lesson times (6 x 50 minutes per lesson)

	start time	finish time		start time	finish time
Lesson 1:			Lesson 4:		
Lesson 2:			Lesson 5:		
Lesson 3:			Lesson 6:		
Please specify your preference for the break time :			Can the students be supervised by the school staff?*		yes no

*Note : in case of 1 EiA group (so just 1 EiA teacher), students must be supervised by school staff.

Would you like the participants to prepare an end of course show or presentation? Yes No

CLASS 1**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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CLASS 2**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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CLASS 3**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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CLASS 4**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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CLASS 5**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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CLASS 6**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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CLASS 7**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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CLASS 8**COURSE NAME:**

	Surname and name	Date of birth	Form	Note If any students of the class have previously attended an EiA course pls write date and level. Also if any students of the class have special education needs please write a note.
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