

Needs Analysis Questionnaire

Background

Please write two or three sentences about your job, your responsibilities and your organisation.

Experience with English

Please write two or three sentences about your experience of using English.

Needs for English

Please write about specific areas you need to improve in your Medical English and Examination Skills.

Level of English

Please use the following criteria to assess your level of English:

- | | |
|---------------------|-----------------------------|
| 1 Beginner | 2 Elementary/False Beginner |
| 3 Pre-intermediate | 4 Intermediate |
| 5 Post-Intermediate | 6 Advanced |

SPEAKING	<input type="checkbox"/>	LISTENING	<input type="checkbox"/>
READING	<input type="checkbox"/>	GRAMMAR	<input type="checkbox"/>
VOCABULARY	<input type="checkbox"/>	WRITING	<input type="checkbox"/>

Please add any other information which you think we be helpful for us to plan your course and accommodation

GENERAL REGULATIONS

The deposit paid at the time of enrolment will be deducted from the total amount due for course fees. The enrolment will be valid only after it has been confirmed by Accent. If Accent is unable to accept your enrolment the deposit will be returned. In certain courses minimum numbers of participants are required for the scheduled activities. Accent reserves the right to cancel courses where minima are not achieved. Any fees or deposits paid will be returned in full. Alternatively, an individual intensive course of equal or greater value will be offered.

CONDITIONS OF PAYMENT: All fees for the full period of enrolment are payable before arrival. Delay in making payments in no way lessens the participant's liability to pay but may result in cancellation of the enrolment by Accent. Fees are not refundable once the course has commenced.

ACCOMMODATION: Accommodation is booked from midday on the Sunday before the course until midday on the Saturday after the course. Exact arrival and departure times should be notified to Accent. No reduction can be made for any late arrival or early departure.

CANCELLATION: Cancellation before arrival must be made in writing to Accent. The deposit is not refundable. Balance of fees is refundable only if written cancellation is received by Accent four weeks prior to commencement of course.

ATTENDANCE: Students enrolled on a course organised by Accent undertake to attend classes. A student has no claim to a refund of fees should the whole or part of a course or any activity, paid for in advance, not be attended.

INSURANCE: Students are not insured by Accent against illness, injury, accident, theft or any loss of personal effects. Accent or its representatives cannot accept responsibility for any accidents occurring during the course, on or off the course premises, on excursions or during activities. Personal insurance cover is therefore recommended. Full personal insurance cover should be taken out to include medical and any other expenses and also loss of fees should the whole or part of a course or any activity, paid for in advance, not be attended.

AGE: Minimum age for Accent Courses is 21



International Language Consultancy

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E-mail: admin@accent-international.co.uk

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OET (Occupational English Test) Application Form

Dr Mr Mrs Miss Date of Birth: _____

Family Name: _____ First Name: _____

Employer: _____ Nationality: _____

Position: _____ Telephone: _____

Address for Correspondence: _____ Mobile Phone: _____

_____ Email: _____

_____ Native Language: _____

OET Exam Date :

OET Speciality Area:

OET Preparation Course Dates (please tick ✓)

Jan 6-10	February 3-7	March 2-6	March 16-20	March 29- Apr 2	Apr13-17
Apr 27-May1	May 11-15	June 8-12	June 22-26	July 6-10	July 20-24
August 3-7	August 17-21	Sept 7-11	Sept 21-25	Oct 5-9	Oct 19-23
Nov 2-6	Nov 16-20	Nov 30-Dec 4	Dec 14-18		

Accommodation

ACCOMMODATION DETAILS

Accommodation required:

Executive Home Stay:

Standard Home Stay:

Hotel 3 star

4 star

Smoking Non-smoking

Do you have any allergies?

No Yes

Details: _____

Do you need a special diet?

No Yes

Details: _____

Which do you prefer?

No young children in Home Stay Young children in Home Stay are OK No preference

Other information/request: _____

DECLARATION

I understand and agree to accept the general regulations printed overleaf

SIGNED: _____ DATE: _____

PLEASE COMPLETE THIS FORM AND RETURN WITH A PHOTOGRAPH TO ACCENT AT THE ABOVE ADDRESS.