

EFL New Student Information

Name:

Student number: Course:

Country: Age:

Enrolled from: to:

Please write **clearly** and **IN CAPITAL LETTERS (A,B,C,D...a,b,c,d...)**

Personal Information

Mobile phone number (Please include the country code)	
UK Mobile phone number	
E-mail address	

Address **IN YOUR HOME COUNTRY**

House or Flat Number	
Street	
Town	
Zip Code/Post Code/Province	
Country	

Who should we contact in an **EMERGENCY?**

Name	
Relationship to you (E.G. mother, father)	
Phone number (Please include the country code)	
E-mail address	
Does this person speak English?	

HEALTH AND WELLBEING

Do you have any medical problems?

- ☐ No
- ☐ Yes. Please give details_____

Examples:

- Asthma (asma, astim, asthme, 哮喘, 천식, ぜんそく, астма, الربو)
- Diabetes (diyabet, diaibéiteas, diabète, 糖尿病, 당뇨병, 糖尿病, диабет, مرض السكري)
- Epilepsy (epilepsia, epilepsie, epilessia, épilepsie, 癲癇, 간질, てんかん, эпилепсия, داء الصرع)

Do you have any allergies?

- ☐ No
- ☐ Yes. Please give details_____

Examples:

- Food allergy (alergia a los alimentos, gıda alerjisi, Nahrungsmittelallergie, allergia alimentare, allergie alimentaire, 食物過敏, 음식 알레르기, 食物アレルギー, пищевая аллергия, حساسية الطعام)
- Hay fever (fiebre de heno, saman nezlesi, heuschnupfen, febbre da fieno, rhume des foins, 花粉過敏, 건초열, 花粉症, сенная лихорадка, حمى القش)
- Animal allergy (alergia a los animales, hayvan alerjisi, Tierallergie, allergia animale, allergie animale, 動物過敏, 동물 알레르기, 動物アレルギー, аллергия животных, حساسية الحيوان)

Do you take any medicine?

- ☐ No
- ☐ Yes. Please give details-

(Medicine = píldoras, haplar, 丸, 알약, pilules, Pillen, таблетки, pillole, حبوب منع الحمل)

Do you have any learning difficulties?

- ☐ No
- ☐ Yes. Please give details_____

Example:

- Dyslexia (dislexia, disleksi, dislessia, 誦讀困難, 난독증, 失読症, дислексия, عسر القراءة)
- Dysgraphia (disgrafi, Schreibschwäche, 書寫困難, 쓰기 장애, 書字障害, خلل الكتابة)

