

---

---

# TRINITY HALL *Language Institute*

---

---

## Registration

*This form is developed for, and is to be used by, the members of the Trinity Hall Language Institute Application. All members evaluate this form equally with all other forms accepted by the institution. Please type or print neatly.*

Name \_\_\_\_\_

- English Regular Course     English IELTS  
 Korean Beginner Course     Korean Regular  
 Korean TOPIK

---

### Personal information

*Please enter your name as it appears on your passport or other official documents.*

Male     Female

Name \_\_\_\_\_  
Last (family)                      First                      Middle                      Suffix (Dr., Jr., etc.)

Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Email \_\_\_\_\_                      Marital Status(optional) \_\_\_\_\_  
(single, married, etc.)

### Permanent address

\_\_\_\_\_                      Street Address                      Apt. #

\_\_\_\_\_                      City/Town                      State/Province                      Country                      Zip/Postal Code

Phone \_\_\_\_\_                      Alternate Phone \_\_\_\_\_  
Begin with Area or Country Code                      Begin with Area or Country Code

*if different from above.*

### Current mailing address

\_\_\_\_\_                      Street Address                      Apt. #

\_\_\_\_\_                      City/Town                      State/Province                      Country                      Zip/Postal Code

Current Mailing Address Phone \_\_\_\_\_                      Current mailing address valid from \_\_\_\_\_ to \_\_\_\_\_  
Begin with Area or Country Code                      (mm/dd/yyyy)                      (mm/dd/yyyy)

---

---

# Family information

## Parent/guardian #1

Parent  Guardian \_\_\_\_\_  
Title Last (Family) First Middle Suffix

Male  Female

*If different from yours*

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Begin with Area or Country Code

Profession \_\_\_\_\_ Position \_\_\_\_\_

Employer \_\_\_\_\_

## Parent/guardian #2

Parent  Guardian \_\_\_\_\_  
Title Last (Family) First Middle Suffix

Male  Female

*If different from yours*

Address \_\_\_\_\_  
Street Address Apt. #

City/Town State/Province Country Zip/Postal Code

Phone \_\_\_\_\_ Email \_\_\_\_\_  
Begin with Area or Country Code

Position \_\_\_\_\_

Profession \_\_\_\_\_

*List names, genders, and ages of your siblings, college (if any), and dates of attendance.*

Name Gender Age Institution Dates

School Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Medical record and Authorisation

## Present Health

Do you suffer from following symptoms?

Please choose Yes or No :

Asthma/Respiratory Problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Epilepsy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hearing Problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Skin Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>
Eyesight Problem	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hay fever	Yes <input type="checkbox"/> No <input type="checkbox"/>	Others (please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any of the above please provide details\*

(\*for serious conditions please provide a detailed medical report)

Please let us know any allergies and dietary requirements. Please provide details.

---

---

---

## Authorization

I/We understand that whilst the institution will make all reasonable efforts to contact me/us in case of medical emergency, this is not always possible. Therefore, I/We authorise the institution to seek medical advice and treatment for applicant if the institution believes there to be an emergency and I/We hereby undertake to pay all costs incurred by the institution.

I/We also hereby authorise/do not authorise the institution to give first aid treatment to applicant in case of emergency and minor medications (e.g. paracetamol tablets) if deemed necessary by the institution

Legal Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_

Course: \_\_\_\_\_ Start date: \_\_\_\_\_

I, (print name) \_\_\_\_\_ hereby confirm that I understand and agree with each and all of the following statements regarding Terms and conditions by Trinity Hall Language Institute.

### TERMS AND CONDITIONS

1. Full payment is required at least 3 days prior to the start of the course.
2. Registration and material are excluded from the general course fees.
3. If trainee do not attend a scheduled lesson, it cannot be rescheduled and it will be considered as taken.
4. Trinity Hall Language Institute to receive a free Certificate of Completion at the end or a Letter of Attendance for a sub-level (extra charge applies).
5. Group sessions cannot be rescheduled by the trainee.
6. You may receive occasional updates from Trinity Hall Language Institute through email or SMS with pertinent information about courses or offers. Please inform our receptionist in case you would not like to receive these alerts.
12. same value. If the course is postponed or cancelled by Trinity Hall Language Institute, it is possible to avail a 100% refund
13. Registration fee is not refundable under any circumstances.
14. Books and other learning material which is used will not be refunded or exchanged under any circumstances.

### LEARN MORE – SAVE MORE:

15. You can receive an instant 5% discount on the course fee when:
16. You and a friend both register and pay for a course at the same time. Your friend will also receive an instant 5% discount.
17. you register and pay for 2 or more courses
18. You have already taken a course with us during the last six months
19. Maximum discount is 5%.

### REFUND POLICY

7. Cancellation 48 hours or more before the start of the course: Region refund policy applies.
8. Credit notes or refunds will not be issued for individual sessions missed in a group class, and these hours are not exchangeable for private sessions.
9. Cancelling the attendance in an ongoing group course forfeits the right of claiming any refund or attending a different course.
10. Cancelling an ongoing private or semiprivate course forfeits the right of claiming any refund. A credit note can be issued valid for 2 months. It is the student's responsibility to request and collect the credit note from the institute in a timely manner.
11. Credit notes are not transferrable. It can be used for an alternative schedule, course option or a different language or service of the

### TERMS AND CONDITIONS: (FOR 5% DISCOUNT)

20. Offer valid upon full payment for complete Language courses.
21. Offer not valid in conjunction with any other offer, promotion or discount.
22. Offer not applicable for registration fee, learning material, software or mobile phone applications.
23. You must present the previous receipt provided it is not backdated for more than six months to avail the 5% discount
24. Offer cannot be redeemed for cash.
25. Trinity Hall Language Institute's decision on all matters related to this offer shall be final, binding and cannot be challenged.

### TESOL/TFL

26. Full payment is required prior to the commencement of the course, unless in circumstances agreed upon with management. Flexible payment plan available for payment made at the institute.

27. No registration fee is required for the course.
28. Extra transport and parking charges may apply.
29. No discounts will be issued for any TESOL program.
30. If candidates do not attend a classroom-based session on the Intensive and Extended program, it cannot be rescheduled and it will be considered as taken.
31. Sessions cannot be rescheduled by the trainee
32. Trinity Hall Language Institute reserves the right to cancel or reschedule a session or course due to unforeseen circumstances.
33. Course trainer may schedule additional sessions due to demand for teaching practice classes.
34. Upon receipt of feedback from the course trainer, candidates will be asked to sign that they have read and accept all comments and grading.
35. Trainee must complete all assignments and portfolio work in order to be eligible for a passing grade on the course.
36. All assignments and portfolio work must be completed and submitted within 21 calendar days of the final session and/or teaching practice demo.
37. Candidates may receive occasional updates from Trinity Hall Language Institute through email or SMS with pertinent information about courses or offers. Please inform administration if you would rather not receive these alerts.
38. Extra charges to post the certificate may apply.

**Payment and Fees:**

39. Full payment is required at least 3 days prior to the start of the course.

40. The trainee's place is not guaranteed until payment is received in full.
41. We reserve the right to refuse admission to student if fees are outstanding.
42. We reserve the right to charge penalty for late payment(20 AED per day)
43. **Note:** For course or product purchases from a third party website, agent or partner of Trinity Hall Language Institute, additional terms and conditions may apply. Please refer to the third party provider for further information.

**Punctuality and attendance:**

44. Trainee should attend all the lessons of a course for a greater benefit.
45. The trainee must arrive on time and NO earlier than 5 minutes before the start of their lessons.

**Health and Safety:**

46. Trinity Hall Language Institute is an educational place and the rights of all learners must be respected. Trainee should leave class with minimum disruption. No play, running around or loud noises.
47. Trainee will only be supervised during their lessons. Please be aware that Trinity Hall Language Institute cannot be responsible for the welfare of trainee, before and after their lessons timings.

**Sickness and Accidents:**

48. Trainee should not come to lessons when they are unwell.
49. Trinity Hall Language Institute reserves the right to exclude a student who, in the opinion of the manager, is unable to fully participate in class or presents a potential health risk to other trainee and staff.

*Signature:*

*Date:*

*Signatory's Name:*

