

# ENROLMENT FORM - LANGUAGEHUB.ORG

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Language you would like to learn  
(Portuguese/ Spanish)? \_\_\_\_\_

Do you know your current level?

☐ Beginner \_\_\_\_\_

☐ Intermediate \_\_\_\_\_

☐ Advanced \_\_\_\_\_

☐ Business Spanish \_\_\_\_\_

☐ Business Portuguese \_\_\_\_\_

When would you like to start and details of your availability?

\_\_\_\_\_

Type of classes:  
(online / presential) \_\_\_\_\_

Signature: \_\_\_\_\_

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