

## Portuguese Courses Application Form

Please return this form to:  
Secretary, Projeto Línguas Ltda  
Rua 125, nº 74, Setor Sul  
Goiânia – Goiás, Brazil  
Tel: +55 62 3278 4567

Please read the form carefully before filling it out. It is important that you check all the information given below before submitting.

### 1. Course info

Level	Elementary ( )	Intermediate ( )	Advanced ( )
*Assessment will be provided to classify the language standard.			
Number of weeks	Start date	Ending date	
Accommodation: ( ) Hotel ( ) Homestay ( ) Student dorm	Tourism packs: ( ) Pirenópolis ( ) Caldas Novas ( ) Brasília ( ) Chapada dos Veadeiros		
Personal expectations of the Boa Viagem experience (course and trips):			

### 2. Personal details

Title (Mr/Mrs/Miss/Msetc)	Male/Female	Date of birth (dd/mm/yy)	Age on entry
Family Name	First Name(s)		
Correspondence Address	Home Address (if different)		
Postcode	Postcode		
Country	Country		
Mobile (incl. country code)	Mobile (incl. country code)		
Telephone (incl. country code)	Telephone (incl. country code)		
Current E-mail	Current E-mail		

### 3. Disability/special needs

Code

Please enter the appropriate code in the box provided if you have a physical or sensory disability which might in some way affect your studies at ProjetoLínguas or may require special facilities or treatment (see Notes for guidance). Please provide full details in Section 10.

#### 4. How did you learn about ProjetoLínguas?

Please tick all that apply

Former students		Friends		Language schools	
Internet		Which site?			
Advertisement		Where did you see the advertisement?			
Other (give details)					

#### 5. Physical or other disability or medical condition

Please state any condition which might necessitate special arrangements or facilities. Consult Notes for Guidance under Sections 3 and 9.


#### 6. Homestay conditions

Answer this section only if you have chosen homestay accommodation

Do you wish to have airport transfer?	Yes		No	
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If so, give the flight details required below:

Arrival date (dd/mm/yy)	Time	Flight Number
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Any special requirements? Medical ( ) Non-smoking ( ) Diet ( ) No pets ( ) None ( )

If so, please details below:

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#### 7. Declaration

I confirm that, to the best of my knowledge, the information given in this form is correct, complete and I have personally signed this form. I have read the Notes for Guidance, in particular those related to this section, I understand these instructions and I agree to abide by the conditions set out there.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_