

QUESTIONNAIRE TORQUAY

SURNAME
NAME

1. PERSONAL DETAILS (STUDENT)

Date of Birth _____ Sex ☐ m ☐ f

Address _____

Phone Number _____ E-Mail _____

Photo

2. FAMILY

Profession of Father _____

Profession of Mother _____

Emergency Contact Telephone Number _____

Course-No. _____

from _____

to _____

3. EDUCATION

Number of school years English _____

Last Grade _____

Ability to handle English according to your own estimate ☐ GOOD ☐ FAIR ☐ BASIC

How would you like your Language Experience course to be? _____

Do you wish certain topics or exercises to be presented in your classes? If yes, please mention those you would like: _____

4. MEDICAL

Do you have certain allergies, handicaps and/or do you have to take any medicines etc.? _____

5. QUESTIONS CONCERNING HOST FAMILY

Do you have special requests (e.g. accomodation with friend/girl-friend, 'single' - accommodation, special host family, etc.)? _____

Do you agree to stay 'SINGLE' in case the number of participants is odd? _____

☐ YES ☐ NO

6. PERSONAL QUESTIONS

What sports, hobbies etc. do you practise? _____

How would you describe your character? _____

7. ADDITIONAL REMARKS / REQUESTS