

REGISTRATION FORM – PROFESSIONAL INTERNSHIP PLACEMENT

PERSONAL INFORMATION

SURNAME(S):		FIRST NAME:	
POSTAL ADDRESS:			
NATIONALITY:	MOBILE:	EMAIL:	
DATE OF BIRTH:	PROFESSION:	SMOKER: Y/N	

EDUCATION

SPOKEN ENGLISH:	ADVANCED:	UPPER INTERMEDIATE:	INTERMEDIATE:
-----------------	-----------	---------------------	---------------

COURSE: PROFESSIONAL INTERNSHIP (ALL YEAR ROUND)

START DATE:	AIRPORT TRANSFER:	YES:	NO:
ENGLISH LANGUAGE TUITION:	20 HOURS PER WEEK:	10 HOURS PER WEEK:	DURATION:
HOST FAMILY ACCOMMODATION IN SINGLE ROOM ON A HALF-BOARD BASIS:		DURATION:	

INTERNSHIP SECTOR REQUESTED:
AREAS WITHIN SECTOR:
A)
B)
C)

ARRIVAL AIRPORT IN IRELAND:	DURATION:
FLIGHT NUMBER:	ARRIVAL TIME:

A DEPOSIT OF €150 {non-refundable} HAS BEEN TRANSFERRED FOR CREDIT TO THE ACCOUNT OF LIVING ENGLISH.

ACCOUNT NAME:	LIVING ENGLISH
BANK DETAILS:	IBAN CODE: IE 43 AIBK 933481 46550067 and SWIFT CODE: AIBKIE2D

A COPY OF BANK TRANSFER INSTRUCTIONS MUST ACCOMPANY THIS FORM. ALL FEES MUST BE PAID IN FULL 2 WEEKS PRIOR TO COURSE START. PARTICIPANTS ON THIS COURSE ARE NOT INSURED. A EUROPEAN HEALTH INSURANCE CARD SHOULD BE BROUGHT WITH YOU.

SIGNATURE:	DATE:
I UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS	