

REGISTRATION FORM - LANGUAGE ASSISTANT

PERSONAL INFORMATION

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

EDUCATION

SPOKEN ENGLISH LEVEL:	ADVANCED:	UPPER INTERMEDIATE:	INTERMEDIATE:	FAIR:
NAME OF UNIVERSITY IN COUNTRY OF ORIGIN:				
COURSE:	DURATION:	MODULES:		
TEACHING EXPERIENCE:				

COURSE: LANGUAGE ASSISTANT (ALL YEAR ROUND)

START DATE:	DURATION:	4 WEEKS:	6 WEEKS:	8 WEEKS:
PREFERRED LOCATION:	IN/NEAR A CITY:	COUNTRYSIDE:	DUBLIN AREA:	

ENGLISH LANGUAGE TUITION:	20 HOURS PER WEEK:	10 HOURS PER WEEK:	DURATION:
WORK & SKILLS: (LOOKING FOR PAID WORK IN IRELAND)	Y/N:	AIRPORT TRANSFER:	Y/N:

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	