

## REGISTRATION FORM – WORK & SKILLS

### 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:	FAIR:
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### COURSE: WORK & STUDY SKILLS (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:	
SELF-CATERING ACCOMMODATION (SUMMER MONTHS ONLY):	SINGLE:	TWIN SHARING	DURATION:

### COURSE SUMMARY: WORK & SKILLS (ALL YEAR ROUND)

PPS NUMBER:	HOW TO APPLY	DOCUMENTS REQUIRED	WHICH SOCIAL WELFARE OFFICE	WHAT TO DO NEXT
FIRST TIME WORKING IN IRELAND:	12A FORM	BUSINESS ENGLISH USAGE	PROTOCOL AT INTERVIEWS	
HOW TO WRITE A COVER LETTER:	PRESENTATION	CURRICULUM VITAE	MAKING IT RELEVANT	
COMPLETING APPLICATION FORMS:	OPENING A BANK ACCOUNT	TRAVEL AND TRANSPORT		
<b>30 DAYS ASSISTANCE</b>				

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	