



Registration Form

PERSONAL DETAILS (Please Complete in CAPITALS)

Surname: _____ First Name: _____

Home Address: _____

City: _____ Postal Code: _____

Country: _____ Mobile: _____

Email: _____ Tel: _____

Nationality: _____ Native Language: _____

Date of Birth: ____/____/____ Male: Female: Occupation: _____

Where did you hear about the school? _____

How long have you studied English? _____

Place your passport
size picture here

Photo

COURSE DETAILS (I WISH TO RESERVE A PLACE)

Course Title: _____ Course Code: _____

Starting Date: _____ No. of Weeks: _____

ACCOMMODATION

Standard Host Family: Executive Host Family (En-suite): Residence Apartment (Sat-Sat, 7 Nights) : standard En-suite

Date of Arrival: ____/____/____ Departure Date: ____/____/____ No. of Weeks: _____

Do you smoke? Yes No Do you like children? Yes No Do you like pets? Yes No

Are you vegetarian? Yes No Do you have any dietary or physical restrictions, allergies? Yes No

(Please indicate any information you may consider relevant in order to place you in family/accommodation that is suitable)

Credit card details are required as a security deposit of €150.00 for all residential bookings

AIRPORT TRANSFERS

Do you require an airport transfer? Yes No

Date of Arrival: ____/____/____ Departure Date: ____/____/____

Flight Number: _____ Flight Number: _____

Time of Arrival: _____ Time of Departure: _____

Your Future is Here



Tuition fee	€
Accommodation fee	€
Registration fee	€ 60.00
Accommodation Placement fee	€ 60.00
Books & Materials	€ 60.00
Medical Insurance (obligatory for students who require a visa €150.00)	€
Airport transfer	€
Meet and Greet Service	€
Total	€

PAYMENT

I enclose the following: (Please tick the appropriate box)

Deposit: € 150.00 Full fees: Amount: € _____

Paid by: Bankers Draft: Credit Card: Bank Transfer

Bank Account details:

Account Name: Galway Cultural Institute, AIB Bank, 18 Eyre Square, Galway, Ireland.

Sort code: 93-72-23

Account No: 08820189

Swift code: AIBKIE2D

IBAN IE81AIBK93722308820189

You can also made International payment through www.galwayculturalinstitute.flywire.com

- Full settlement of the account should be made 28 days in advance (21 in winter).
- Please fax us a copy of our bank transfer and please quote your student reference number and name on all correspondence.
- All bank charges are the responsibility of the student.
- Where applicable, please fax us a copy of Bank transfer.

Visa Master Card

Please debit my account with Visa / Mastercard:

Security code: Expiry Date: ____/____/____

DECLARATION

I have read and I accept the terms and conditions of registration of Galway Cultural Institute Yes: No:
(www.gci.ie <http://www.gci.ie>)

I hereby declare that the above particulars are true and correct. By signing the form, I undertake to comply with all Terms and Conditions of Galway Cultural Institute. I also accept that Galway Cultural Institute reserves the right to change any of the details given in any course brochure and that the course commencement is dependent on student demand.

Date: ____/____/____ Signature: _____

Your Future is Here

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