

Adult Application Form 2021



PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

Personal Details

Family Name _____ First Name _____
Address _____
Country _____ Date of Birth (dd/mm/yy) ____/____/____ Gender _____
Mobile Number () _____ Email _____
Nationality _____ First Language _____ Occupation _____
Are you booking your course through an Agent? Yes No If so, please provide name _____
Where did you hear about our school? _____
Do you have any medical issues that your teachers or homestay should be made aware of? **All information provided is confidential.**

Course Details

Start Date (must be a Monday) (dd/mm/yy) ____/____/____ Number of weeks _____

General Courses

General English 15 hours AM General English 15 hours PM General English 20 hours
Business English 15 hours Business English 20 hours Young at Heart Teachers' Refresher Course
Individual Tuition Number of Individual Tuition hours per week _____

Exam Courses

B1 Preliminary B2 First C1 Advanced C2 proficiency
B2 Business Vantage C1 Business Higher Full time ILETS course

English and Internship Programme

Type of English Course _____ Number of weeks English Course (2+ weeks) _____
Internship Placement Number of weeks Internship Placement (4 - 24 weeks) _____

Accommodation Details

Arrival Date (dd/mm/yy) ____/____/____ Departure Date (dd/mm/yy) ____/____/____

Homestay Accommodation

Single Room, Half Board Twin/Double Room, Half Board
Do you have any specific dietary requirements / allergies? Yes No
Details _____
If booking a twin/double room, please give the name of the person you are sharing with _____

Self-catering Apartment Accommodation

Single en-suite room in shared 8-bedroom Classic Apartment (LIV Student Accommodation)
Single room in shared 4-bedroom Premium Apartment (LIV Student Accommodation)

Additional Services

Do you require an Airport Transfer? Yes No
Arrival Arrival Date (dd/mm/yy) ____/____/____ Flight Number _____ Arrival Time _____
Departure Departure Date (dd/mm/yy) ____/____/____ Flight Number _____ Departure Time _____

Please provide us with your flight details at least 2 weeks before arrival, even if you have not booked an airport transfer.

Do you require medical insurance? Yes No

Payment Details

I will pay by: Bank Transfer Credit Card Credit Card Payments: Visa Mastercard
Name of Card Holder _____ Card Expiry Date (dd/mm/yy) ____/____/____
Card Number _____ / _____ / _____ / _____ CVV Number _____
I hereby authorise International House Dublin to debit Euro € _____

Terms & Conditions

I have read the terms and conditions and agree to abide by them.

Signed: _____

Date: _____

Permission is given for the use of student comments, testimonials and photographs/images, in our official promotional material with acceptance of these Terms & Conditions.

Yes No

Agent Stamp