

TEACHER TRAINING APPLICATION FORM



PERSONAL INFORMATION

Booking Agent Name: _____

Participant First Name/s: _____

Participant Family Name: _____

Gender: Male Female Nationality: _____

Passport Number: _____

Date of Birth (DD/MM/YY): ____/____/____ Language: _____

Full home address: _____

City: _____ Country: _____

Mobile Number: _____ Email: _____

Name of Institution/ School: _____

Full address of Institution/ School: _____

Who should the invoice be made out to:

- Participant name and participant personal address Participant name, participant's Institution name and address
 Participant's Institution name and address
 Other - please give details: _____

COURSE BOOKING

Course Title: _____

Start date: ____/____/____ End date: ____/____/____ Total weeks: _____

Are you a Teacher: Principal Other: _____

Subjects taught: _____

What is your English language level: _____

ACCOMMODATION BOOKING

Host Family: Shared room Single room

Residence: Shared room Single room

Start date: ____/____/____ End date: ____/____/____ Total weeks: _____

ELI Dublin will do our best to find the best host family for you. Do you have any preferences?

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

Do you smoke? Yes No Anything else? _____

Do you have a medical condition now or previously we should be informed of? Do you have a special diet?

Name of the condition: _____

Medication taken: _____

Special diet: _____

TRAVEL DETAILS

Date of arrival: ____/____/____ Flight arrival time: _____

Flight number: _____ Airline: _____

Date of departure: ____/____/____ Time of departure: _____

Do you require an airport transfer? Obligatory for students aged 17 and under travelling without an adult.

Airport Transfer Booking: Arrival transfer Departure Transfer

BOOKING AGREEMENT

I have read, understand and accept all application and payment terms and conditions outlined above and the ELI Dublin brochure and/or website and agree to be bound therein. **Agreement for all parent/guardians or legal representatives of students aged under 18** I am the parent or legal guardian of the above (minor) applicant. I have read, understand and accept all application and payment terms and conditions outlined above and the ELI Dublin brochure and agree to be bound therein.

Name: _____ Signature: _____ Date: ____/____/____