

# APPLICATION FORM



**ELI** ENGLISH  
LANGUAGE  
INSTITUTE

## PERSONAL INFORMATION

Booking Agent Name: \_\_\_\_\_

Student First Name/s: \_\_\_\_\_

Student Family Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Nationality: \_\_\_\_\_

Passport number: \_\_\_\_\_

Date of Birth: (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_ Language: \_\_\_\_\_

Full home address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

## COURSE BOOKING

School Location: ☐ ELI Dublin ☐ ELI Drogheda

Course Choice: ☐ General English 15 Hours ☐ Experience Ireland 15 ☐ Academic Year - Global Work and Study  
☐ Extended English 20 Hours ☐ Experience Ireland 20 ☐ European Work and Study Program

Study Period ☐ Morning ☐ Afternoon

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total weeks: \_\_\_\_\_

## ACCOMMODATION BOOKING

ELI Residence: ☐ Shared room Host Family: ☐ Shared room ☐ Single room

Premium Residence: ☐ Single room

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total weeks: \_\_\_\_\_

*ELI Schools 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: \_\_\_\_\_

Request to share with: \_\_\_\_\_

How are you related? \_\_\_\_\_

## 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 Schools** 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 Schools** brochure and agree to be bound therein.

## PHOTO / VIDEO CONSENT FORM

We would be grateful if you would fill in this form to give **ELI Schools** permission to take photos of you / your child as they take part in programme activities and use these in our promotional material. I, the undersigned grant permission for **ELI Schools** to take photographs and video of me / my child for use in their marketing of **ELI Schools Programmes**. This might include but is not limited to, the right to use them in their printed and online publicity and social media.

☐ I agree

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_