

Galway Cultural Institute

PERSONAL DETAILS			
Surname:	First Name:		
Home Address:		Place your passport size picture here	
	Postal Code:		
	_ Tel:	Photo	
Nationality:	Native Language:		
Date of Birth:/ Male: _	Female: Occupation:		
Where did you hear about the school?			
How long have you studied English?			
COLIDSE DETAILS (TWISH TO DESERVE A	DI ACE)		
COURSE DETAILS (I WISH TO RESERVE A			
Course Title: Course Code			
Starting Date: No. of Weeks			
For Renewals, please write your GNIB / IRP card number here: (located on the back of your card)			
ACCOMMODATION			
Standard Host Family: Executive Host Fam	nily (En-suite): Residence Apartment star (Sat-Sat, 7 Nights) : twin	ndard en-suite	
	(
Date of Arrival:/D	Departure Date:/ No. of Weel	KS:	
Do you smoke? Yes ☐ No ☐ Do you like children? Yes ☐ No ☐ Do you like pets? Yes ☐ No ☐			
Are you vegetarian? Yes $\ \square$ No $\ \square$ Do you have	ve any dietary or physical restrictions, allergies? Yes \Box	No 🗆	
	er relevant in order to place you in family/accommodation the	at is suitable)	
Credit card details are required as a security depo	osit of €150.00 for all residential bookings		
AIRPORT TRANSFERS			
Do you require an airport transfer? Yes No			
Date of Arrival:/	Departure Date://		
Flight Number: F	Flight Number:		
Time of Arrival: T	Fime of Departure:		

Your Future is Here

Galway Cultural Institute, GCI House, Salthill, Galway, Ireland. Reg No: 142062 Directors: Celestine Rowland, David Niland email: info@gci.ie Tel: + 353 91 863100 Fax: +353 91 863111 Website: www.gci.ie



Galway Cultural Institute

Tuition fee	€
Accommodation fee	€
Registration fee	€ 75.00
Accommodation Placement fee	€ 75.00
Books & Materials	€ 75.00
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: € 300.00 ☐ Full fees: ☐ Amount: €	
Paid by: Bankers Draft: ☐ Credit Card: ☐ Bank Transfer ☐	
Bank Account details:	
Account Name: Galway Business School, 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 https://gci.transfermateeducation.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 Condition of Galway Cultural Institute. I also accept that Galway Cultural Institute reserves the right to change any of the details given in any cour brochure and that the course commencement is dependent on student demand.	
Date:/ Signature:	

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