



# Galway Cultural Institute

## 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  
☐ twin ☐ 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

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) <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: \_\_\_\_\_

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