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| PERSONAL DETAILS  |
| First name |  | Date of Birth |  |
| Family Name |  | Mobile No (+ ISD code) |  |
| Gender  | M/F | E-mail |  |
| Country of Birth | Please select a country  | Full Address |  |
| Nationality |  | Post Code/Zip Code |  |
| Country of permanent Residence | Please select a country  | Passport Number |  |
| First Language (If not English) |  | Passport Expiring date |  |
| Current Level of English |  | Country passport issued |  |
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| **WORK DETAILS**  |
| Healthcare profession  |  |
| Are you a registered to practice your profession in your home country?If yes, please attach license certificate  | Y/N |
| Qualification obtained:Please attach a copy of official qualification  |  |
| Qualification provider (i.e. University)  |  |

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| **COURSE**  |
| Course Title  |   | Duration  |  |
| Intended Start date  |  | Course End Date  |  |
| Where did you hear about Foyle International |  | Which method would you prefer us to contact by  |  |
| Would you like to receive our free newsletter | Y/N | **Are you applying through an Agent/Partner?**If yes, please provide details of your Education Agent below. | Y/N |
| **Agent Name**  |  | **Agent Country**  |  |
|  |
| **ENGLISH**  |
| Any Examinations taken in English (e.g IELTS)  |  | Enter grade/ score of Exam if applicable) |  |
| No of years education (Highschool) |   | If exams are not yet taken state date of next exam |  |
|  |  |  |  |
| **HEALTH AND SAFETY**  |  |  |  |
| Emergency Contact Person: |  | Relationship to person: |  |
| Does this person speak English | Y/N |  |  |
| Emergency Telephone 1 (+ ISD code): |             | Emergency Telephone 2 (+ ISD code): |             |
| Do you have any Allergies (State) |  | Do you smoke |  |
| Do you have any Medical conditions |  | Do you have any learning difficulties/disabilities |  |
| Please indicate level of support required  |  | Have you a TB certification /Medical (Certain nationalities for Visa purposes)  |  |
|  |
| **ACCOMMODATION** |
| Do you need Foyle International to arrange accommodation for you?  | Y/N | Type of Accommodation Preferred:  |  |
| Duration:  |  | Start Date  |  |
| If you are enrolling on the **INTERNATIONAL NURSING PROGRAMME,** do you need Foyle International to arrange accommodation during your 8-month work placement?  | Y/N | Type of Accommodation Preferred:  |  |
| Host Family Accommodation: What type of family would you prefer  | Young/ Middle Age:      Retired:      Children:      Pets:       |  |  |
| Any other additional information:  |  |  |  |
|  |
| **AIRPORT TRANSFERS** |
| Do you require airport transfer on arrival?  |  | Arrival Airport (code): |  |
| Which service do you require: |  | Flight Number |  |
| Date of Flight  |  | Time of Flight |  |
| If you are arriving by any other form of transport, please give details  |  |  |  |
| **PAYMENT**  |
| **Bank Transfer** Please make all bank transfers payable to:**Account Name:** Foyle International Ltd **Account No:** 10742002**Sort Code:** 93-84-83 **IBAN Number:** GB89 FTBK 9384 8310 7420 02**Bank Address:** First Trust Bank, Meadowbank Branch, Derry, BT48 7TN, Northern Ireland |
| **Payment details** I have sent payment: Yes [ ]  No [ ]  Amount:       Date of Payment:       Method of Payment Bank Transfer [ ]  Cheque [ ]  If you have a SPECIAL PROMOTIONAL CODE please enter it here:       |
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| **CHECK LIST – DOCUMENTS REQUIRED**  |
| Please ensure you have provided the following documents [ ]  Photocopy of official Qualification Certificates [ ]  Any previous English Language qualifications [ ]  Copy of your Passport[ ]  Copy of CV [ ]  Copy of any Medical or Nursing licenses from your home country  |

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| **CHECK LIST – TIER 4 APPLICATIONS**  |
| **Checklist for Application Documents on Tier 4** Please find attached the following supporting documents[ ]  Photocopy of official Qualification Certificates [ ]  Valid IELTS certificate[ ]  Copy of your Passport[ ]  Bank statement (Financial support documents) [ ]  Personal Statement (Study Plan)  |
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| **AGREEMENT AND SIGNATURE** |
| 1. I have read and agree to the [**TERMS AND CONDITIONS**](https://foyle.eu/terms-and-conditions-5/) **OF ENTRANCE** outlined by Foyle International.
2. I have read and understood the relevant schedule of costs set out in the price list and hereby confirm that I have sufficient funds to pay for all tuition costs including all personal costs (food, accommodation) during the period of my course.
3. I authorise Foyle International to take appropriate action in the event of a medical emergency and I understand that I am responsible for all insurance provisions and medical and dental bills that may be incurred during my stay.
4. I give authorisation for Foyle International to use any images taken in school or on excursions for promotional purposes.
5. I certify that all information given by me is accurate and complete.

Student Signature:       Date:      Parental Signature (for under 18s):       Date:       1. Additional parental consent required for Under 18s – please also read and sign
 |

**Foyle International**

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[www.foyle.eu](http://www.foyle.eu)