|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |
| |  |  | | --- | --- | | **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) |  | | | | |
| **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: | | | |
| |  | | --- | | **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 | | | | |
| **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) | | | |
|  | | | |
|  | | | |
| **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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