



2012/2013 Training Course Admissions Form

Please complete in PRINT (if returning by post please send proof of payment)

Surname			Title	
First names				
ID Document			ID N°	
Telephone*			Mobile*	
E-mail address*				
Address	Street & House N°			
	Postal code	-	City/Town	

If your company is sponsoring your course please complete the section below

Employer				
Position Held				
Employer Postal Address	Street & House N°			
	Postal code	-	City/Town	
Telephone*			Mobile*	
Email address				
Company NIF				

* If student is under 18 these sectors must be completed by the legal guardian

How did you hear about us?

☐ Internet	☐ Word of mouth	☐ Your school teacher
☐ Advertisement	☐ Other _____	

Important information you think we should know (if applicable)

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I would like to attend the following Training Course:

Please PRINT the details

Course name	Course Date	Payment option (if applicable)
Total		€
Receipt number(s)		

TRAINEE /STUDENT

I confirm my attendance at the training course I am registering for and have read and accept the conditions and regulations.

Full name _____

Signature _____

(guardian must sign if student is under 18)

Date _____

COMPANY SPONSORSHIP – PERSON RESPONSIBLE FOR PAYMENT

I confirm that arrangements for the aforementioned course participant are in place and we have read and accept the payment conditions.

Full name _____

(person who will be responsible for payment)

Signature _____

Date _____ (and company stamp)