

DUBLIN CULTURAL INSTITUTE



STUDENT APPLICATION FORM

Please Download This Form First

Student Information

Family Name

First Name

Sex

Male

Female

Nationality

Date of Birth (dd/mm/yy)

Passport Number

Place of Issue

Phone Number (please include international code)

E-mail

Home Address

Ireland Address (if known)

GNIB Number (if in possession of one)

Emergency Contact Person

Contact Number (including international code)

Programme Information

General English

GE 15

GE 20

GE 25

GE 30

8 Month Work / Study Visa

Elective Module (GE 25 / GE 30)

Exam Preparation

Conversation

Business English

Course Duration (number of weeks)

Start Date (dd/mm/yy)

Exam Preparation Course

IELTS

TOEFL

TIE

CAE

FCE

Accommodation Required

Host Family

Hostel

Hotel

None

Half-board

Self Catering

Duration of Accommodation (please specify number of weeks or nights)

Accommodation Start Date (dd/mm/yy)

Travel Details

Flight Number

City of Origin

Date of Arrival (dd/mm/yy)

Flight Arrival Time (AM/PM)

Airport Transfer Required

Yes No

Medical Insurance Required

Yes No

English Level

Beginner

Intermediate

Most recent International English Test
(IELTS, TOEFL, etc. & date taken & result)

Elementary

Upper Intermediate

Pre-Intermediate

Advanced

Additional Information

If there's any other information, such as allergies or medical conditions, that you want to supply, please do so in the space provided:

Notes

- Citizens of certain countries must apply for a visa to study in Ireland. A letter of confirmation from Dublin Cultural Institute as proof of acceptance is required along with a valid receipt showing that the courses fees have been lodged to an approved student fees payment service. Please visit www.inis.gov.ie for additional Student Visa information.
 - Students are required to attend 85% of their classes in order to complete their selected course and sit their exams.
 - Medical Insurance can be arranged for approximately €110 per annum. Citizens of European Union countries should bring their European Health Insurance Card (EHIC) with them.
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Instructions to Submit

Please download and save this form onto your desktop or a specified folder before filling it in. You will not be able to submit this form online. You have to fill in your downloaded form to be able to successfully submit it.

If you have any issues completing or submitting this form, please contact info@dublinci.com or visit our website and complete the online booking form: www.dublinci.com/booking-form/

Date of Submission (dd/mm/yy)

Please save a copy of this form for your records.

Once saved and complete, please submit this form to DCI by clicking submit.