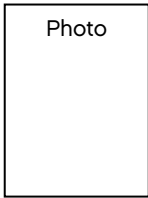


Please read our terms and conditions before completing this form. Write clearly in BLOCK CAPITALS and use black ink. Please post this form to us. Photocopies are acceptable. Please photocopy for your own records.



**Host family** [ ]      **Apartment** [ ]

---

Full family name(s) .....

First name(s): .....

Male  Female       Date of birth (day/month/year): .....

Nationality: First language: .....

Telephone & Mobile number: .....

Correspondence address: .....

City: Country: Post/zip code: .....

**Visa information**

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Type of visa: None  Visitor  Other  please specify: .....

Passport number: Expiry date: .....

**Course Information**

---

Course: .....

Location: .....

Dates: .....

**Medical and welfare**

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The following section MUST be completed and FULL details provided in order to ensure you receive all necessary care/medication during your stay.

	YES	NO
1) Has your ever suffered from a serious medical condition? Details: .....	[ ]	[ ]
2) Has your had a serious illness/condition/surgery within the last 12 months? Details: .....	[ ]	[ ]
3) Do you suffer from asthma or a cardiac condition? Details: .....	[ ]	[ ]
4) Do you have any allergies or is there any food you cannot eat?: .....	[ ]	[ ]
5) Will you bring any medicines with you?	[ ]	[ ]
6) Is there any other information that EGA should be aware of? Details: .....	[ ]	[ ]

**Information**

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Profession: .....

Married [ ]      Single [ ]

Children: Number [ ] Ages: .....

Emergency contact number (mobile preferred) .....

**Student Information**

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School Name & Course: .....

Level of English: .....

Certificates: .....

Hobbies and Sports: .....

Describe yourself: .....

Is this your first time abroad or taking this type of course: [ ] Yes [ ] No

Where? .....

How long was the course? .....

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Have you been to Ireland before?  
Yes [ ] No [ ] If yes, which year? .....

How did you hear about EGA?  
Agent [ ]      Teacher [ ]  
Website [ ]      Family/Friend [ ]  
Advertisement [ ]

The following section MUST be completed