



# ROS GEAL UNIVERSITY RESIDENCE

## APPLICATION FORM ENGLISH LANGUAGE COURSE

Please complete this form and return to:

Manager,  
Ros Geal University Residence  
19 University Road  
Galway  
Ireland  
Tel: 00353(0) 91 524524  
E-mail: [rosgeal@gmail.com](mailto:rosgeal@gmail.com)  
[www.rosgeal.net](http://www.rosgeal.net)

Photograph

SURNAME:

CHRISTIAN NAME(S):

HOME ADDRESS:

TEL:  
MOBILE:  
E-MAIL:

DATE OF BIRTH:

NATIONALITY:

RELIGION:

ANY RELEVANT MEDICAL CONDITION:

EDUCATION (Schools attended, with dates):

HOBBIES OR LEISURE ACTIVITIES:

REASONS FOR CHOOSING A RESIDENCE:

DATES YOU WISH TO ATTEND OUR LANGUAGE COURSE:

FLIGHT DETAILS:

DEPOSIT ATTACHED:

NAMES OF TWO REFEREES/ OR TWO REFERENCES:

1.

2.

I have read the website of the Residence. I accept all the regulations of the Residence.

SIGNATURE OF APPLICANT:..... Date.....

***TO BE COMPLETED BY PARENT OR GUARDIAN***

I have read the website of the Residence. I accept all the regulations of the Residence and agree to the application of my daughter / ward.

Name (Dr./Mr./Ms/Mrs./Miss): Occupation:

Telephone:  
Mobile:  
E-mail:

SIGNATURE OF PARENT OR GUARDIAN:..... Date.....