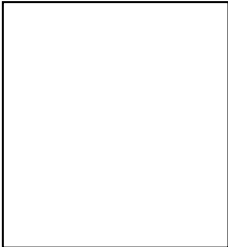




Registration Form		
Please complete in BLOCK CAPITALS		
Title		Please attach passport photograph and enclose a second for use on your student card. 
First name(s)		
Surname		
Carmelite affiliation or community (if any)		
Address		
Post code		
Country		
Telephone number (including code) & Fax		
E-mail address		
Programme being applied for	Adult Education Diploma (Level 5) <input type="checkbox"/>	Diploma (Level 6) <input type="checkbox"/>
Do you intend to undertake the programme for assessment? (please note that preference is given to students undertaking programmes for assessment; it is possible to change your mind either way once the programme has begun)		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
From the list in the prospectus, please indicate the names of the modules you would first like to study in order of preference (1 being most preferred). Please note, this is simply an indication; CIBI cannot guarantee the availability of requested modules at this time. If you have no preference, please leave this section blank.	1	
	2	
	3	
	4	
	5	
	6	
	7	
How do you wish to receive modules?	By internet <input type="checkbox"/>	By post <input type="checkbox"/>
Please note that an extra charge will be made for students receiving modules by post.		
Please sign and date this form, and return it to the address below. Do not send payment at this stage. CIBI will notify you shortly whether a place is available. By submitting this form you agree to be bound by the rules and regulations of the Carmelite Institute of Britain & Ireland. This form and the complete prospectus are available online at: www.cibi.ie		
Signature:	Date:	