



CLL Registration Form

Personal details:

Male Female

First Name(s) _____ Last Name: _____

Address _____

DOB: (DD/MM/YYYY) ____/____/____

Phone numbers: Home: _____ Work: _____ Mobile: _____

Course Details:

Course Code: _____

Course Title: _____

How did you find out about our courses?

Website Local paper Local Radio Newsletter

Word of Mouth Other Please specify _____

Fees

I enclose my payment of € _____

Method of payment: Cash Cheque Postal order/bank draft

Credit/Debit card details

Visa Mastercard Laser

Card Number:

Grid for card number input

Security No:

Expiry date: _____

I authorise you to debit my account by €

Cardholder signature: _____

Please tick if your employer is paying your course fees:

*Employer contact name: _____

*A letter from your employer with a Purchase Order Number & confirmation that your fees will be paid to the CLL must be submitted with your application

Signature of Applicant: _____

Please post form to: Course Registration, Centre for Lifelong Learning, St. Angela's College, Lough Gill, Sligo

Or Contact us for more information at: 00353 71 9143580