

Evening Course Application Form 2010-2011

ADULT EDUCATION DEPARTMENT

1. Course Details

Course Title _____

2. Personal Details

First Name(s) _____

Surname _____

Address for Correspondence _____

D.O.B. _____ Male Female

Tel. No. (work/home) _____

Tel. No. (mobile) _____

Email Address _____

Name & Tel. No. (next of kin) _____

PPS No: (for all exam courses) _____

Are you a citizen of a European Union Member Country? Yes No

State Country of Birth _____

State Nationality _____

An Bord Altranais Pin No. _____
(nurses only)

**Please note fees are strictly non-refundable and non-transferable. I have read and agree to abide by the College of Commerce terms of enrolment and college regulations.*

Signature _____ Date _____

For Office Use

Qualification received

Fee _____

Cash _____

Cheque _____

Credit Card _____

Postal Order _____

Bank Draft _____

Total Fee Received _____

Receipt No _____

Staff Initial _____

3. Payment Details

Fee Paid _____ Cheque _____ Cash _____ Credit Card _____

If you would like your company to be invoiced please turn over

Credit Card Type _____ Card Expiry Date _____

Credit Card No. _____

Security Code _____ (Last 3 Digits on Back of Card)



Cork College of Commerce

ENROLMENT FORM – ADULT EDUCATION

- If your course fees are being paid by you company, please fill in and return completed and stamped with the company stamp.
- Please note that payment must be made before student commences class.

Employers Name _____

Employers Address _____

Contact Person _____

Contact Phone Number _____

Contact Name _____

Fee Due _____

Employers Stamp _____

NB: Please ensure that you fill out the Course Details and your Personal Details on the other side.



Cork College of Commerce
The bridge to your future