



Applications for **Short Courses** delivered at the Isle of Man International Business School can be made all year round using this application form; nevertheless, places on our courses are limited so you are encouraged to begin the application process as soon as possible. To apply for a **Degree Programme, Professional Programme or Corporate Programme** at The IBS, please contact us for an alternative application form.

- If you have any queries, please contact our Enquiries and Admissions Team.
- We will acknowledge receipt of your application form as soon as it is received.
- We will then endeavour to reply to you within 2 weeks of us receiving your completed application with the result of your application.

**Data Protection**

The Isle of Man International Business School (The IBS) is registered as a Data Controller with the office of the Isle of Man Data Protection Registrar, as required under the Data Protection Act 2002. We will only process data in accordance with this Act for the purposes notified to the Supervisor.

Please complete this Application Form clearly in **BLOCK CAPITALS**.

Please include **international dialling codes** for telephone/ fax numbers outside the Isle of Man.

**1. The Course**

Name of course \_\_\_\_\_ Commences \_\_\_\_\_ (Month/Year)

How did you find out about this course? \_\_\_\_\_

Have you also applied for this course or something similar elsewhere?

Yes - where? \_\_\_\_\_

No

**2. Personal Details**

Title \_\_\_\_\_ Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

I prefer to be known as \_\_\_\_\_

Gender  Male  Female

Date of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

**4. Special Needs or Support**

Please tick and provide further details as appropriate

Dietary restrictions

Medical conditions eg. allergies, epilepsy, diabetes

Learning needs eg. dyslexia

Physical disabilities

Other

Details: \_\_\_\_\_

\_\_\_\_\_

**3. Contact Details**

Organisation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

**5. Emergency Contact(s)**

Name(s) \_\_\_\_\_

Relationship to You \_\_\_\_\_

Telephone(s) \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Please state your current Job Title and a brief description of your current role.**

**7b What attracted you to attending this course and where did you hear about it?**

**8. Payment Details**

Your Source(s) of Funding

Self                       Employer

Other Details: \_\_\_\_\_  
\_\_\_\_\_

Invoicing Address (if different to your correspondence address in Section 3)

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Reference \_\_\_\_\_

**9. Declaration**

I declare that the information given on this form is correct. I agree to abide by the rules and regulations of the Isle of Man International Business School. I accept that any falsification of information would lead to the withdrawal of an offer of a place on my chosen course.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**REMEMBER TO KEEP A PHOTOCOPY OF THIS COMPLETED APPLICATION FORM.**

**Please return completed application forms to:**

Cheryl Reeday, EMCS International Limited, 9 Station Road, Port Erin, IM9 6AE

**T: +44 (0)1624 833955, F: +44 (0)1624 837173 E: enquiries@emcs.co.im**