

# Flexible Learning - LSAD Summer Courses 2017



<b>SUMMER COURSE SELECTION</b>	<b>PORTFOLIO PREPARATION (€350)</b> <input type="checkbox"/>	PLEASE TICK ✓ THE BOX TO INDICATE YOUR SELECTION. PLEASE NOTE THAT <b>ONLY ONE OPTION</b> CAN BE SELECTED
	<b>INTRODUCTION TO ANIMATION (€300)</b> <input type="checkbox"/>	
	<b>MOULD MAKING &amp;CASTING (€250)</b> <input type="checkbox"/>	

<b>PREFIX</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	<b>SURNAME</b>	_____
<b>PERMANENT HOME ADDRESS</b>	_____	<b>First Name</b>	_____
	_____	<b>ADDRESS FOR CORRESPONDENCE</b>	_____
	_____	(If different from permanent address)	_____
<b>E-Mail:</b>	_____		

<b>Phone No</b>	_____	<b>Mobile Phone No</b>	_____
<b>Next of Kin Name</b>	_____	<b>Date of Birth</b>	____/____/____.
<b>Relationship</b>	_____	<b>PPS</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Next of Kin Address</b>	_____	<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
(If different from Permanent Address)	_____	<b>Nation of Birth</b>	_____
	_____	<b>Nation of Citizenship</b>	_____
<b>Next of Kin Phone</b>	_____		

**PAYMENT**  
 The fee may be paid using one of the following options (Please tick appropriate box):

**CHEQUE/BANK DRAFT/POSTAL ORDER**  (PLEASE ENCLOSE WITH FORM)

**LASER CARD /CREDIT CARD**

**DATA PROTECTION**  
 LIT fully respects your right to privacy. Any personal information you volunteer to LIT will be treated with the highest standards of security and confidentiality, strictly in accordance with the Data Protection Act, 1988 & 2003.

**STUDENT DECLARATION** (must be signed by all applicants). Please see [www.lit.ie/foi/Section16](http://www.lit.ie/foi/Section16) for the Institute's Rules and Regulations. I confirm that the information on this form is correct to the best of my knowledge. I agree to abide by the rules and regulations of the Institute.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Points to Note:

- **Please note that for security reasons, we are unable to accept cash payments.**
  
- **All programme fees must be paid in full prior to the commencement of the course.**
  
- **Receipts will be issued to students or employer/third party upon payment of fees.**
  
- **Policy on Refund of Summer Course Fees**
  1. In the event that a programme is cancelled by LIT, for any reason, a refund of 100% of the programme fee will be issued.
  2. In the event that a learner withdraws from a programme before the commencement date, a refund of 100% of the programme fee will be issued. This is subject to the learner informing the Flexible Learning Office at LIT before the programme has commenced.
  3. In the event that a learner withdraws from a programme after the commencement date no refunds will be processed.

Completed forms should be returned to:

Flexible Learning Department  
Limerick Institute of Technology  
Moylish Park  
Limerick

Or by email to [FLLimerick@lit.ie](mailto:FLLimerick@lit.ie)