

Applications for **Corporate Programmes** 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** or **Professional Programme** or at The IBS, please contact us for a copy of our *application form for degrees and professional programmes*.

- 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/ Workshop

Name of course/workshop _____ Commences _____ (Month/Year)

How did you find out about this course/workshop? _____

Have you also applied for this course/workshop 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 _____

3. Contact Details

Organisation _____

Address _____

_____ Postcode _____

Daytime Telephone _____

Mobile _____

Fax _____

Email _____

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: _____

5. Emergency Contact(s)

Name(s) _____

Relationship to You _____

Telephone(s) _____

FOR OFFICIAL USE ONLY

6. Work Experience

Starting with the most recent, please give details of your work experience to date.

Dates		Name + Address of Company	Job Title + Main Responsibilities
From	To		

7. Personal Statement

7a. Why do you wish to attend your chosen course/workshop?

Please include details of any relevant experiences or desired learning outcomes.

7b. What attracted you to attending this course/workshop at the Isle of Man International Business School?

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:

Enquiries and Admissions Team, Isle of Man International Business School,
The Nunnery, Old Castletown Road, Douglas, Isle of Man, IM2 1QB

T: +44 (0)1624 693700, F: +44 (0)1624 665095, E: enquiries@ibs.ac.im, www.ibs.ac.im