



Application Form

Applicant Information

Full Name: _____ Date of Birth: _____
Last First Title

Residential Address: _____
Street Address Apartment

City/Town Country Post Code

Phone No: _____ Email _____

Mobile No: _____ Other Contact: _____ Preferred Contact _____

Course Applied for: _____

Are you resident in the United Kingdom YES NO

Are you resident in the Republic of Poland YES NO Other Country _____

Nationality _____ Country of Birth _____

Knowledge of Languages: _____

Education

School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Higher Education _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment

Company: _____ Phone: _____

Address: _____ Contact: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

Company: _____ Phone: _____

Address: _____ Contact: _____

Job Title: _____

From: _____ To: _____

I certify that my answers are true and complete to the best of my knowledge.

All data collected on this form will only be used for the purpose of the course administration as required by IPMH and may be disclosed as appropriate to organisations associated with such courses.

I understand that this application in its entirety become the confidential property of IPMH and will not be returned to originator.

*Before completing this Application Form please read relevant information on our website:
<http://www.polishheritage.co.uk/>*

Please write in BLOCK CAPITALS and in black ink

Signature: _____ Date: _____

Please email this Application Form when completed to: info@polishheritage.co.uk