



**Tailor-made learning
& cultural experiences**

EQUINOXLEARNABROAD.COM



GRIFFITH COLLEGE

EES is Griffith College's
preferred Guardianship Provider*

Limited Guardianship Application Form For Minors Attending Griffith College

Please type responses

*The Guardianship agreement is entered into by guardian(s) with EES

STUDENT INFORMATION

Student Full Name	:		
GC Reference Number/ Student Number	:		
Nationality	:		
Passport Number	:		
Date of birth	:	/	/
Gender	:	<input type="radio"/> Female	<input type="radio"/> Male
Student Home Address	:		
Student Email Address	:		
Student Mobile Number	:		
Planned Arrival Date	:	/	/

GUARDIAN/PARENT #1

Full Name	:		
Phone Number	:		
Email Address	:		
Does guardian/parent #1 speak English?	:	<input type="radio"/> Yes	<input type="radio"/> No

GUARDIAN/PARENT #2

Full Name	:		
Phone Number	:		
Email Address	:		
Does guardian/parent #2 speak English?	:	<input type="radio"/> Yes	<input type="radio"/> No

MEDICAL INFORMATION

Does the student have any medical condition or history that we should be aware of?

Yes

No

If yes, please specify. It is very important to inform us so that we are fully aware and can offer support :

Does the student take any medication?

Yes

No

If yes, please specify the name of medication and dosage :

Does the student have any allergies?

Yes

No

If yes, please specify :

Are all of the student's vaccinations up to date?

Yes

No

If no, please specify :

If yes, you may be required to send proof at a later day

DECLARATION & CONSENT

We request Equinox Education Services to act as our representative in undertaking the on-going guardianship of _____ during their time in Ireland until such time he/she turns 18. We understand that the student must obey Irish Law during their stay.

We confirm that our son/daughter is in a fit condition to study overseas independently.

We give permission for our son/ daughter to travel unaccompanied by an adult outside their local area on public transport. We agree that this is our decision and we the undersigned take full responsibility. In the event that my son/ daughter is injured/ suffers illness whilst in Ireland, I hereby give my consent for my son/ daughter to receive professional medical attention.

Consent of Guardian/Parent #1

Consent of Guardian/Parent #2

Date (dd/mm/yyyy): _____

Date (dd/mm/yyyy): _____

SUPPORTING DOCUMENTS

This form must be returned with the following:

- Student's passport copy
- Copy of Birth Certificate, or equivalent, translated into English
- Copy of Guardians'/Parents' passports
- Notarised Letter naming Equinox as Guardian until such time as the student turns 18 (Sample included)
- Copy of Health Insurance

If your application is successful, we will contact you via email/ phone number provided to give instruction on next steps.

OFFICE USE ONLY

Date Application Form received	
Schools Contacted	
Schools Confirmed	
Application Fee Recieved	
Grade Confirmed	
All paper work received	

Privacy Policy: Please check our website www.equinoxlearnabroad.com for our privacy policy and indeed all our policies.