REGISTRATION FOR CERTIFICATION FROM FÁILTE IRELAND

(Please Print and Use Block Capitals)

School/Centre: _____

Contact Name: _____

Address: _____

Telephone No: _____ **Email:** _____

Programme Over a Year: ☐ **Module Over a Term:** ☐ (please tick one)

Date of Presentation: _____

Student Name	***Student Name***

I confirm that the above listed students have satisfactorily completed the ***Tourism Awareness Programme/Module*** in the required hours, and in accordance with the specified syllabus and guidelines.

Signed: _____ **Course Co-Ordinator**

Signed: _____ **School Principal**

Please return this form to:
info@failteireland.ie or call 01 8847700 for further information.