



Registration Form

Only complete this form if you have a confirmed booking on a programme at Farnham Castle

International Assignment Briefing

Sponsor Details								
Programme				Date(s)				
Company								
Contact Name								
Tel								
Email								
Assignee Details								
Title	Mr		Mrs		Ms		Other	
Family Name								
First Name(s)								
Date of Birth	Day		Month		Year			
Nationality								
Home Address								
City								
Postcode					Country			
Telephone	Home				Work			
	Mobile							
Email								
Partner Details (if applicable)								
Partner's Name								
Nationality								
Date of Birth	Day		Month		Year			
Destination Details								
Destination				City/Region				
Job Title on assignment								
Job Function (include regional responsibility)								
Assignment Start Date				Expected duration of assignment				
International Related Experience								
Previous visits to destination country. Eg. Business trips, "look-see", holidays								
Delegate								
Partner								
Knowledge of language in destination country								
Delegate	Basic	Intermediate	Advanced	Fluent				
Partner	Basic	Intermediate	Advanced	Fluent				
Previous expatriate assignments (country/date)								
Delegate								
Partner								

Registration Form

Please complete as appropriate			
Will your partner accompany you on assignment?	Yes No	Will your children accompany you on assignment?	Yes No
Will your partner attend this briefing?	Yes No		
If you have children, please give names and ages			
Name	Age	Name	Age
<i>Form continues overleaf</i>			

Important

Please read and sign below.

The information you give in this form will be used solely for the purpose of providing this specific training programme. We will need to pass on relevant information to the trainers so that appropriate content can be prepared. Your personal details will not be given to any third parties without your consent other than as stated above.

Returned expatriates contribute to many programmes, and bring a valuable insight to new assignees. We would therefore like the opportunity to contact you.

I agree / do not agree that Farnham Castle may contact me (please delete as appropriate)

I agree that Farnham Castle may use data as stated above.

Signed	
Date	

**If you have any questions regarding this form
please call us on +44 (0)1252 720 415**

**Please return this form to Customer Services:
customerservices@farnhamcastle.com
or by fax +44 (0)1252 719277**