



FOR OFFICIAL USE ONLY:	COURSE CODE _____
Date Received: _____	Photos: Yes / No References Received: 1 _____ 2 _____ 3 _____
Attended Interview: Yes / No	Place Offer: Yes / No Offer Accepted: Yes / No

APPLICATION FORM – **ADVANCED ENTRY**

SECTION 1 PROGRAMME DETAILS

BLOCK CAPITALS

- | | | |
|--|---------|--------------------------|
| B.A. in Humanities | (PC402) | <input type="checkbox"/> |
| B.A. (Hons) in Humanities | (PC410) | <input type="checkbox"/> |
| B.A. (Hons) in English & History | (PC411) | <input type="checkbox"/> |
| B.A. (Hons) in Citizenship & Community Studies | (PC405) | <input type="checkbox"/> |
| Applied Social Studies in Social Care | (PC404) | <input type="checkbox"/> |

Stage: 2nd 3rd 4th

SECTION 2 PERSONAL DETAILS

BLOCK CAPITALS

SURNAME: _____ **FORENAME(S):** _____

ADDRESS: _____

DATE OF BIRTH: ____/____/____ **PPS NUMBER:** _____

TEL: Home _____ **Mobile** _____

E-MAIL: _____

} Please print clearly; i.e. use lower case or capital letters where applicable.

EDUCATION - SECOND LEVEL

Name & Address of School	Exams Taken <i>e.g. Leaving Cert., Junior Cert.</i>	Date Undertaken
1.		
2.		

EDUCATION – PLC/FETAC/OTHER

Name & Address of College	Date Attended	Course Title	Awarding Body <i>e.g. FETAC, BTEC etc.</i>
1.			
2.			

EDUCATION - THIRD LEVEL

Name & Address of College	Date Attended	Course Title	Awarding Body <i>e.g. HETAC etc.</i>
1.			
2.			

ANY OTHER RELEVANT QUALIFICATION

Qualification obtained <i>e.g. First Aid, TCI etc.</i>	Date	Awarding Body

SECTION 4 EMPLOYMENT DETAILS

BLOCK CAPITALS

1. Current

NAME & ADDRESS OF EMPLOYER:			
CONTACT NAME:			
FROM:	TO:	VOLUNTARY	PAID
DUTIES:			

2. Previous

NAME & ADDRESS OF EMPLOYER:			
CONTACT NAME:			
FROM:	TO:	VOLUNTARY	PAID
DUTIES:			

SECTION 5 PLACEMENT DETAILS

BLOCK CAPITALS

This section is to be completed by Applied Social Studies/Citizenship and Community Studies applicants that have completed placement on their FETAC Child Care courses, etc.

PLACEMENT 1:

Supervisor:	
Name & Address of Agency:	
Duration of Placement (i.e. no. of weeks):	No of days placement per week:
Brief Description of work:	

PLACEMENT 2:

Supervisor:	
Name & Address of Agency:	
Duration of Placement (i.e. no. of weeks):	No of days placement per week:
Brief Description of work:	

SECTION 6 OTHER INTERESTS/DETAILS WHICH YOU FEEL MAY BE RELEVANT

BLOCK CAPITALS

SECTION 7 REFEREES

BLOCK CAPITALS

All applicants are required to nominate TWO referees as follows:

Applied Social Studies/Citizenship and Community Studies advanced entry applicants: must nominate One Social Care Referee or General Character Referee **AND** One Academic Referee.

Humanities/English and History advanced entry applicants: must nominate One General Character Referee **AND** One Academic Referee.

N.B. THE REFEREE NOMINATED CANNOT

- (a) be related to you
- (b) be a babysitting reference

Please tick box to indicate status of referee e.g. general character, social care or academic.

REFEREE No 1: Gen. Char Social Care Academic

Name (in full): _____

Address (in full): _____

REFEREE No 2: Gen. Char Social Care Academic

Name (in full): _____

Address (in full): _____

REFEREE No 3: Gen. Char Social Care Academic

Name (in full): _____

Address (in full): _____

SECTION 8 PRACTICE EXPERIENCE

BLOCK CAPITALS

This section is to be completed by Applied Social Studies/Citizenship and Community Studies advanced entry applicants only.

Have you identified a specific area in which you would like to gain your practice experience?

Yes: _____ No: _____

If yes, please specify an agency/organisation that may be able to provide this. ***You do not have to approach them at this stage.***

Name or Organisation/Agency:

Address:

SECTION 9 SPECIFIC TO THE PROGRAMME

PLEASE TICK

Have you a medical condition which might affect your attendance on the course or might need special requirements?

Yes _____ No _____

If yes, give details/specify: _____

Have you any disabilities which might affect your attendance on the course or might need special requirements? Example Dyslexia, Wheelchair User, Hearing/Visual Impairments?

Yes _____ No _____

If yes, give details/specify: _____

SECTION 10 ADMINISTRATIVE DETAILS

PLEASE COMPLETE

The following documentation should **accompany** this application form:

1. **TWO** passport Photographs (signed on the back)
2. Copies of all certificates/documentation in relation to education/training achieved.

I acknowledge that the particulars given on this form are in all respects true.

SIGNATURE: _____ **DATE:** _____

This form should be completed and returned to the Administration Office, Carlow College, College Street, Carlow by the date indicated on the accompanying letter forwarded with this application form.

NOTE: INCOMPLETE OR LATE APPLICATION FORMS CANNOT BE PROCESSED.