



CARLOW COLLEGE

ST. PATRICK'S

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 Arts & Humanities	(PC402)	<input type="checkbox"/>
B.A. (Hons) in Arts & Humanities	(PC410)	<input type="checkbox"/>
B.A. (Hons) in English & History	(PC411)	<input type="checkbox"/>
B.A. (Hons) in Social, Political & Community Studies	(PC405)	<input type="checkbox"/>
B.A. in Applied Social Studies (Professional Social Care)	(PC404)	<input type="checkbox"/>
B.A. (Hons) in Applied Social Studies (Professional Social Care)	(PCA404)	<input type="checkbox"/>
Stage: 2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	4 th <input type="checkbox"/>

SECTION 2 PERSONAL DETAILS BLOCK CAPITALS

SURNAME: _____ FORENAME(S): _____

ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____ NATIONALITY : _____

PLACE OF BIRTH: _____ TEL: Home _____

Mobile _____

E-MAIL: _____
(PLEASE PRINT CLEARLY)

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/Social, Political & Community Studies applicants who have completed placement while undertaking a FETAC Child Care course, B.A. in Applied Social Studies etc.

PLACEMENT 1:

Programme Title (under which placement took place)	
Name & Address of Agency:	
Duration of Placement (i.e. total no of hours):	Supervisor:
Brief Description of work:	

PLACEMENT 2:

Programme Title (under which placement took place)	
Name & Address of Agency:	
Duration of Placement (i.e. total no of hours):	Supervisor:
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/Social, Political & Community Studies advanced entry applicants: must nominate One Social Care Referee **AND** One Academic Referee.

Arts and 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/Social, Political & Community Studies 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 is required to **accompany** this application form:

1. 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 Admissions, Carlow College, College Street, Carlow by 28th of June 2021.

NOTE: INCOMPLETE OR LATE APPLICATION FORMS CANNOT BE PROCESSED.