



Coláiste Phobal Ros Cré



0505 23939/ColaistePhobal@tipperaryetb.ie

POST-LEAVING CERTIFICATE APPLICATION FORM

First Name: _____
 Surname: _____
 Address: _____

NOTE: May interviews will be held for all programmes and places will be offered at this stage. Interviews will also be held in late August to fill any remaining places.
EARLY APPLICATION IS THEREFORE ADVISABLE.

Please Affix **ONE** Passport Photo here

Gender (please tick ✓) Male Female

Date of Birth:

Nationality: _____

Phone No: _____

Mobile No: _____

Email: _____

PPS Number (not exam number)

Digits

Letter(s)

Medical Card No. (if applicable) _____

Expiry Date _____

SECOND LEVEL SCHOOL ATTENDED: _____

Examinations Taken

Junior Cert Year No Exam Qualifications
 Leaving Cert Year QQI (Level 4) Year
 Leaving Cert Vocational Year QQI (Level 5) Year
 Leaving Cert Applied Year Other

If other, please specify _____

College/Further Education Centre _____

Year: _____ Certification: _____

Do you have a Disability/Specific Learning Difficulty? Yes No

Please note: Disclosure of a Disability and/or specific Learning Difficulty will not adversely affect your application in any way.

PLEASE INDICATE YOUR STATUS AS AT 30 SEPTEMBER LAST

Completing Leaving Cert. this year Employed Not in the Labour Market Unemployed

Please indicate the length unemployed: 0-6 months 6-12 months 12 months or more

Training Please indicate the type of training: Fáilte Ireland Solas Apprenticeship Other

(See overleaf)

COURSES - PLEASE NUMBER YOUR COURSE CHOICE IN ORDER OF PREFERENCE FROM 1 TO 3

Fashion Design with Marketing Level 5	<input type="checkbox"/>	Construction Skills Level 5	<input type="checkbox"/>
Business Technology with Tourism Level 5	<input type="checkbox"/>	Healthcare Supervisor Level 6	<input type="checkbox"/>
Early Childhood Care and Education Level 5	<input type="checkbox"/>	Early Childhood Care and Education (Supervisory) Level 6	<input type="checkbox"/>
Social and Community Care Level 5	<input type="checkbox"/>	Advanced Administration with HR Level 6	<input type="checkbox"/>
Healthcare Support Level 5	<input type="checkbox"/>		
Nursing Studies Level 5	<input type="checkbox"/>		

Please write the title of your **first course choice**

REFEREES CONTACT INFORMATION – PRINCIPAL/TEACHER/EMPLOYER (NOT A RELATIVE)

1. _____ Tel No.: _____

2. _____ Tel No.: _____

N.B. PLEASE BRING A COPY OF YOUR MOST RECENT SCHOOL REPORT/EXAMINATION RESULTS (IF APPLICABLE) TO YOUR INTERVIEW.

MATURE APPLICANTS OVER 23s ONLY

Please indicate work experience. This information is required to help assess the suitability of the applicant to the chosen course.

Where did you find out about the course/s for which you are applying?

Tick as appropriate

Radio	<input type="checkbox"/>	College Website	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>		
School Visit	<input type="checkbox"/>	Guidance Counsellor	<input type="checkbox"/>	Friends	<input type="checkbox"/>	Other	<input type="checkbox"/>

If other please indicate _____

By signing below, I am giving explicit consent for Coláiste Phobal Ros Cré to confirm, retain, use and disclose the information I have provided for the purposes detailed above in accordance with Tipperary ETB Data Protection Policy. I also give consent for contact with my previous school/college as required. If a place is awarded, I agree to pay all appropriate fees when due and to comply with the College's Learner Agreement.

Applicant's Signature: _____ **Date:** _____

Please remember to fill in your **email address** as receipt of your application form will be acknowledged by email

*The College reserves the right to amend or cancel any courses without notice.
The information presented does not constitute a contract between the College and any third party.*

Your personal details will be transmitted to the Department of Education and Skills for statistical purposes