



# Coláiste Phobal Ros Cré

## College of Further Education

Tel: 0505 23939 Fax: 0505 23933

Email: colaistephobal@tipperaryetb.ie Web: www.cpr.ie

### 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: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

PPS No (not exam number)   
Digits   
Letter(s)   
 Medical Card No. \_\_\_\_\_  
(if applicable)  
 Expiry Date \_\_\_\_\_

**EDUCATION: PLEASE INDICATE PREVIOUS QUALIFICATIONS**

Examinations Taken - (please tick):

Junior Cert	[ ]	YEAR	<input type="text"/>	No Exam Qualifications	[ ]
Leaving Cert	[ ]	YEAR	<input type="text"/>	QQI (Level 4)	[ ] YEAR <input type="text"/>
Leaving Cert Vocational	[ ]	YEAR	<input type="text"/>	QQI (Level 5)	[ ] YEAR <input type="text"/>
Leaving Cert Applied	[ ]	YEAR	<input type="text"/>	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**

**QQI Level 5 Major Awards**

- Business Technology with Tourism QQI Level 5 (5M2468)
- Early Childhood Care and Education QQI Level 5 (5M2009)
- Social and Community Care QQI Level 5 (5M4468)
- Healthcare Support QQI Level 5 (5M4339)
- Nursing Studies QQI Level 5 (5M4349)
- Construction Skills QQI Level 5 (5M5010)

**QQI MAJOR AWARDS - LEVEL 6**

- Advanced Administration with HR QQI Level 6 (6M4985)
- Healthcare Supervisor QQI Level 6 (6M4978)

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 YOU 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"/> | Facebook <input type="checkbox"/> | Snapchat <input type="checkbox"/> |
| School Visit <input type="checkbox"/> | Guidance Counsellor <input type="checkbox"/> | Friends <input type="checkbox"/>   | Twitter <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 a 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.