
Carlow College, St. Patrick's, College Street, Carlow

www.carlowcollege.ie

Telephone: 059 9153200 Fax 059 9140258 Email: masterstcc@carlowcollege.ie

**MA (Leadership in Therapeutic
Child & Social Care)**

2020-2022

FOR OFFICIAL USE ONLY:

Date Received: _____

References Received: Professional _____ Academic _____

APPLICATION FORM

Ensure that you accurately complete all questions and sections of this application form

SECTION 1 – PERSONAL DETAILS

SURNAME: _____

FIRST NAME(S) _____

DATE OF BIRTH: ____/____/____

AGE: ____ years ____ months

(ON DATE OF COMPLETION OF FORM)

NATIONALITY: _____

ADDRESS FOR CORRESPONDENCE:

TEL. NO:	MOBILE NO:	E-MAIL

PERMANENT HOME ADDRESS (if different from above):

TEL. NO:	MOBILE NO:	E-MAIL

SECTION 2 – EDUCATIONAL DETAILS

EDUCATION - SECOND LEVEL

Name & Address of Institution	Exams Taken	Date Undertaken
1.		
2.		

EDUCATION – PLC/OTHER

Name & Address of Institution	Award Achieved (include Course Title & Awarding Body)	Date Attended Course From To
1.		
2.		

EDUCATION - THIRD LEVEL

Name & Address of Institution	Award Achieved (include Course Title & Awarding Body)	Date Attended Course From To
1.		
2.		

ANY OTHER RELEVANT QUALIFICATIONS

Qualification Obtained	Date

SECTION 5 – REFEREES

PROFESSIONAL REFEREE:

Name: _____

Address: _____

ACADEMIC REFEREE (If not a graduate of Carlow College):

Name: _____

Address: _____

SECTION 6

1. Have you a medical condition which might affect your attendance on the course or might need special requirements? Yes _____ No _____

2. 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: