



# CARLOW COLLEGE

## ST. PATRICK'S

<b>FOR OFFICIAL USE ONLY:</b>	<b>COURSE CODE</b> _____
<b>Date Received:</b> _____	<b>Photos:</b> Yes / No <b>References Received:</b> 1 _____ 2 _____ 3 _____
<b>Attended Interview:</b> Yes / No	<b>Place Offer:</b> Yes / No <b>Offer Accepted:</b> 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: 2<sup>nd</sup>     3<sup>rd</sup>     4<sup>th</sup>

#### SECTION 2 PERSONAL DETAILS BLOCK CAPITALS

**SURNAME:** \_\_\_\_\_ **FORENAME(S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PPS NUMBER:** \_\_\_\_\_

**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

## 1. Current

<b>NAME &amp; ADDRESS OF EMPLOYER:</b>			
<b>CONTACT NAME:</b>			
<b>FROM:</b>	<b>TO:</b>	<b>VOLUNTARY</b>	<b>PAID</b>
<b>DUTIES:</b>			

## 2. Previous

<b>NAME &amp; ADDRESS OF EMPLOYER:</b>			
<b>CONTACT NAME:</b>			
<b>FROM:</b>	<b>TO:</b>	<b>VOLUNTARY</b>	<b>PAID</b>
<b>DUTIES:</b>			

## SECTION 5 PLACEMENT DETAILS

*This section is to be completed by Applied Social Studies/Citizenship and Community Studies applicants only; e.g. FETAC Child Care course, B.A. in Applied Social Studies etc.*

**PLACEMENT 1:**

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

**PLACEMENT 2:**

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

**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 **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.***

<b>Name or Organisation/Agency:</b>
<b>Address:</b>

**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. 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 29<sup>th</sup> of June 2018.***

**NOTE: INCOMPLETE OR LATE APPLICATION FORMS CANNOT BE PROCESSED.**