



Lcetb

Bord Oideachais agus Oiliúna
Luimnigh agus an Chláir
Limerick and Clare
Education and Training Board

Further Education and Training Centre
KILMALLOCK TOWN CAMPUS

T: 063-98275 E: eoin.shinners@lcetb.ie

APPLICATION FORM

1. PERSONAL DETAILS:

Name:

PPS number:

Address:

Date of Birth:

Mobile:

E-mail:

2. PROGRAMMES OF STUDY:

Please indicate which programme(s) you wish to apply for:

1. Early Childhood Care and Education with Special Needs (Level 5)
2. Advanced Certificate in Early Childhood Care and Education (Level 6)
3. Healthcare Support (Level 5)
4. Healthcare Services Supervisory Management (Level 6)
5. Business Administration (Level 5)

3. EDUCATION DETAILS:

Name of School/College:

Address:

From/To: /

Leaving Cert

LCA

Subjects Taken:

4. ADDITIONAL INFORMATION:

Any other education courses attended:

Other qualifications obtained:

Work Experience/Training which may be relevant to your application:

Location on 30th September 2016 was:

Attending School/College Employed Not employed

Unemployed for:

0-6 months 6-12 months 12 months+

Request for Special Needs Support:

Yes No If 'Yes', please provide relevant details.

5. DECLARATION:

For Students Over 18:

I consent to the information contained in this application from being notified to the Dept. of Education and Skills as part of the annual learner enrolment returns.

Applicant's Signature:

Date:

For Students Under 18:

I consent to my son's/daughter's information contained in this application from being notified to the Dept. of Education and Skills as part of the annual learner enrolment returns.

Parent's/Guardian's Signature:

Date:

Please forward by email or post to: The Director, FET Centre Kilmallock Town Campus, Railway Road, Kilmallock, Co. Limerick