

Foundation Certificate Course

FOR OFFICE USE ONLY

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| Date Recd. | Date Ack. | Interview | Place Offered | Place Accepted |
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Course Application Form

Student ID No.

PLEASE USE BLACK PEN WHEN COMPLETING THIS APPLICATION FORM

Have you previously attended or applied to AIT, Third level or Foundation Course before? Yes No

PERSONAL DETAILS

Surname

PPS No.

First Names

Home Address

Address for Correspondence (if different):

Title (Mr\Mrs\Ms. etc)

Home Tel. No.

Nationality

Contact Tel. No.

Date of Birth Place of Birth

DETAILS OF SECOND LEVEL EDUCATION

Leaving Certificate (if appropriate) Year

Junior Certificate (if appropriate) Year

Name & Address of School Attended
(Or currently attending)

From To

(See overleaf)

Other Education/Training Date of Award or Result

Subjects Studied

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Applicants taking examinations this year should write the word "Pending" at Result above and must arrange to have these results forwarded to this Institute at the earliest opportunity

WORK EXPERIENCE

Give full details of all relevant work experience obtained, particularly the duration and nature of the work/ Additional information may be supplied on a separate sheet if necessary.

| Date | Employer | Position | Duties |
|------|----------|----------|--------|
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BRIEFLY OUTLINE YOUR REASONS FOR APPLYING FOR THIS COURSE

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Documentary evidence, if appropriate, of educational qualifications and industrial experience must accompany application form.

If you have misplaced these forms you will need to contact the Department of Education in Athlone to order new copies.

Please do not send original documents as any documentation submitted will not be returned.

The Institute reserves the right to cancel, suspend or modify its courses at any time.

I acknowledge that the particulars given in relation to this application are accurate and complete. If my application is accepted, I undertake to observe the Institute's regulations. I also confirm that I have read and understood the general information and guidelines provided with application form.

Applicant's Signature:..... **Date:**.....

The completed application form should be sent to:
The Access Officer,
Athlone Institute of Technology, Dublin Road, Athlone, Co. Westmeath.

Tel: 090 6468123 / 090 6468125 Email: access@ait.ie