



APPLICATION FORM

For applicant use: Please complete the following form in block letters. If you need help to fill out this form please ask any member of staff.

APPLICANT NAME: _____

ADDRESS: _____

APPLICANT MOBILE NO: _____

DATE OF BIRTH: ___ / ___ / ___ AGE: _____ PPS No: _____

ARE YOU IN RECEIPT OF A SOCIAL WELFARE PAYMENT: PLEASE SPECIFY WHICH PAYMENT (OVER 18'S ONLY)

COURSE APPLIED FOR: *Please tick your option*

Pathways to Employment (QQI Level 4) Beauty Therapy (VTCT Level 2)

Catering Programme (VTCT Level 2) Hairdressing (VTCT Level 2)

EDUCATION DETAILS:

Class Year finished at school: _____ Date left school: _____

Education Record: J.C. L.C. L.C.A. None: Other: _____

Do you have an Educational Psychological Report (NEPs) from school?

Yes No Don't know

If "yes", in order to provide you with support for your studies, we would ask that you provide us with a copy of your NEPs report. A copy of the report will be made and kept securely in your file and will be returned upon completion of your course.

IN THE EVENT OF AN EMERGENCY PLEASE PROVIDE DETAILS OF WHOM WE MAY CONTACT

Parent/Guardian: _____

Address: _____

Mobile: _____

Do you consent for Clonmel CTC to contact this person if staff are unable to contact you.

Please tick an option. Yes No



DECLARATION:

ALL INFORMATION IS STRICTLY CONFIDENTIAL AND SHOULD BE PROVIDED AS ACCURATELY AS POSSIBLE FOR YOUR BENEFIT.

Medical Information. *Please tick an option*

Medical Condition: Yes No: If "yes" please state: _____

Disability: Yes No: If "yes" please state: _____

Criminal Offence. *Please tick an option*

Do you have pending or have you ever been convicted of a criminal offence or been the subject of a caution or of a bound over order?

Yes No

Data Protection Consent

In connection with your application and subsequent programme of study it will be necessary for Clonmel CTC to obtain personal and sensitive information (if any) about you, (son/daughter/other) from a third party agency/body.

By completing this section I give Clonmel CTC permission to seek and obtain my, (my son/daughter/other) personal information that a third party agency holds on record about me, (him/her). I acknowledge that Clonmel CTC may share my (my son's/daughter's/other) personal data (including sensitive personal data) with my (his, her) instructors and relevant staff members of Clonmel CTC.

Signed: _____ **Date:** _____

If under 18, relationship to applicant: _____

DISCLAIMER

This form is for application purposes only and does not in any way guarantee a place on a training programme. It is Clonmel CTC policy to interview all applicants who complete an application form. All applicants must comply with Clonmel CTC entry criteria.

APPLICANT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE:

Referred by: School Other Agency Name: _____

Letter from school: Yes No

INTERVIEW:

IDENTIFICATION ENCLOSED: PASSPORT **BIRTH CERTIFICATE:**

NOTES: _____

INTERVIEWED BY: _____ **DATE:** ____/____/____