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

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**Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_**