



National University of Ireland, Galway
Ollscoil na hÉireann, Gaillimh

PLEASE ATTACH
 A SIGNED
 PASSPORT
 PHOTOGRAPH

FOUNDATION DIPLOMA IN TRAINING AND EDUCATION APPLICATION FORM 2007 - 2008

- All questions must be answered. Where appropriate, please write 'none'. Do not leave blanks or use dashes.
- To be typewritten or in BLOCK LETTERS using BLACK ink.

Please return completed application form to:

**ADMINISTRATOR,
 FOUNDATION DIPLOMA IN TRAINING AND EDUCATION,
 OPEN LEARNING CENTRE,
 BALLARD HOUSE,
 WESTSIDE, GALWAY.**
 Tel.: 091 - 528651

1. Surname _____

2. First Names _____

3. Male Female

4. Date of Birth (dd/mm/yyyy) ____ / ____ / ____

5. Nationality _____

6. e-mail address _____

7. Home address

8. Address for correspondence

9. Telephone numbers

Work _____

Home _____

Mobile _____

10. How did the course come to your attention?

11. Special needs (Wheelchair access, etc.)

12. Payment of fees (Please tick)

a) Personal funds

b) Sponsorship by employer

If your employer is funding your participation on this course, please enclose a completed **Sponsorship Letter** with your application.

Employer name _____

Contact Tel. No. _____

Postal address _____

13. Employment History

a) Name and address of Current Employer

Name _____

Address _____

Position Held _____

b) Name and address of Previous Employers (past 10 years)

Position Held

14. Give a brief statement of your reasons for applying for this course.

15. Outline how this course would be of benefit to you in your employment.

16. Number of years in training role

17. Description of training experience

Organisation and job title	Training experience	From - to	Other relevant details

18. Training and knowledge in computers

19. Qualifications

Institutions attended	Years of study from - to	Major areas of specialisation	Qualification	Class of qualification (e.g. 1st Class Hons.)

Applicants may be requested to forward syllabus and other details of undergraduate courses followed.

20. Leaving certificate or final examinations

Final exams taken	Examination dates	Subjects passed	Level	Result Grade or Mark

21. Name and address of two independent referees

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

22. I acknowledge that the particulars given in relation to this application are in all respects true.

Signed _____ Date _____

Checklist

Before submitting your application, please ensure that:

- All sections are complete
- A signed photograph is enclosed
- A €100 deposit or sponsorship letter is enclosed

For official use only

Payment enclosed Yes No

Cheque

Cash (Amount _____)

Sponsorship letter enclosed Yes No

Office Notes

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