



2017/18 APPLICATION FORM

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

EMAIL: _____ CONFIRM EMAIL: _____

COUNTRY OF BIRTH: _____ NATIONALITY: _____

DATE OF BIRTH ____ / ____ / ____ GENDER: MALE FEMALE (PLEASE TICK)

MOBILE NUMBER: _____ LANDLINE (IF APPLICABLE): _____

PPS NUMBER: _____

ADDRESS WHILE AT COLLEGE: _____

MOTHERS MAIDEN NAME: _____

NEXT OF KIN: _____

NEXT OF KIN (CONTACT NUMBER): _____

DO YOU HAVE A FAMILY OR STUDENT MEDICAL CARD: YES NO

MEDICAL CARD NUMBER: _____

DO YOU HAVE ANY MEDICAL CONDITION THAT THE COLLEGE SHOULD BE AWARE OF?

YES NO

DO YOU HAVE ANY SPECIFIC LEARNING DISABILITY?

YES NO

*** NOTE: The Department of Education and Skills may provide funding to assist students with special needs.*

ARE YOU A MEMBER OF THE TRAVELLING COMMUNITY?

YES NO

COURSE SELECTION:

****PLEASE LIST YOUR COURSE CHOICES IN ORDER OF PREFERENCE****

(1) **QQI Level** _____ (5 or 6)

COURSE: _____

(2) **QQI Level** _____ (5 or 6)

COURSE: _____

(3) **QQI Level** _____ (5 or 6)

COURSE: _____

GENERAL EDUCATION DETAILS:

PLEASE INDICATE YOUR STATUS AS ON 30TH SEPTEMBER 2016:

UNEMPLOYED 0 – 6 MONTHS:

UNEMPLOYED 6 – 12 MONTHS:

UNEMPLOYED 12 MONTHS OR MORE:

COMPLETING LEAVING CERTIFICATE 2017:

EMPLOYED:

TRAINING (FAS/ APPRENTICESHIP ETC):

OTHER: E

<p>ARE YOU CURRENTLY IN RECEIPT OF A SOCIAL WELFARE PAYMENT?</p> <p>Jobseeker's Allowance/Benefit <input type="checkbox"/></p> <p>One Parent Family <input type="checkbox"/></p> <p>Disability Allowance <input type="checkbox"/></p> <p>Illness Benefit <input type="checkbox"/></p> <p>Invalidity Pension <input type="checkbox"/></p> <p>Widow/Widower's/Surviving Civil Partner's Contributory or Non-Contributory Pension <input type="checkbox"/></p> <p>Dependant Spouse or Civil Partner of an eligible person or other <input type="checkbox"/></p>

NAME OF LAST SCHOOL ATTENDED

SCHOOL NAME: _____

ADDRESS: _____

WHICH YEAR DID YOU LEAVE SCHOOL: _____

ARE YOU COMPLETING LEAVING CERTIFICATE THIS YEAR: **YES** **NO**

LAST EXAM TAKEN WHILE AT SCHOOL AND YEAR COMPLETED: _____

PLEASE LIST YOUR HIGHESE EDUCATIONAL QUOLIFICATIONS: _____

OTHER EDUCATIONAL DETAILS

****only to be completed if you have attended an Institute of Technology or University**

NAME OF INSTITUTE ATTENDED: _____

YEARS ATTENDED: _____

LEVEL OF COURSE: _____

TITLE OF COURSE: _____

QUALIFICATION RECEIVED: _____

MARKETING INFORMATION

WHERE DID YOU HEAR ABOUT US?

RADIO NEWSPAPER

PEER CONTACT WEBSITE

COLLEGE STAFF NEWSPAPER

GUIDANCE COUNDELLOR SCHOOL VISIT

PROSPECTUS OTHER

DISCLAIMER

DATA PROTECTION NOTICE

PERSONAL DATA ON THIS FORM

The Cork Education and Training Board is registered as a Data Controller under the Data Protection Act 1988 and 2003. The personal data supplied on this application form is required for the purposes of student enrolment, registration, administration child welfare and to fulfil our other legal obligations. Contract details will also be used to notify you of College/ETB events or activities. While the information provided will generally be treated as confidential to Cork ETB, from time to time it may be necessary for us to exchange personal data on a confidential basis with other bodies including the Department of Education and Skills, the Department of Social Protection, An Garda Siochana, the HSE, the National Educational Welfare Board or with another school/college (where the student is transferring). We rely on students and parents/ guardians where a student is under the age of 18, to provide us with accurate and complete information and to update us in relation to any change in the information provided. Should you wish to update or access your child's personal data, you should write to the College Principal.

By ticking this box you are indicating that you accepted that your data may be used for the purposes described above.

Signature: _____

Date: _____

Data protection policy of the Cork ETB.

A copy of the full data protection policy of the Cork ETB is available on request from The CEO, Cork ETB< 21 Lavitt's Quay, Cork.