cork institute of technology

Institiúid Teicneolaíochta Chorcaí

Application Form

Part-time & Evening Courses

The onus is on each applicant to ensure that he/she is applying for the correct course.
Please read the guidelines prior to completing this form.

PLEASE USE BLOCK LETTERS AND BLACK INK **ALLOW A SPACE BETWEEN WORDS**

PLEASE INDICATE THE COURSE FOR WHICH APPLICATION IS BEING MADE

FULL TITLE OF COURSE (See Note 2 overleaf)

COURSE CODE CR _ _ _ _ _ _ _ _ _

Level 6-10 (See Note 3) Yr/Stage

Please refer to the College Handbook for the exact course title, code and level.

PLEASE INDICATE IF THE FOLLOWING APPLIES

TICK ✔ APPROPRIATE BOX

Exams only ❑

Repeat ❑

SUBJECTS TO BE TAKEN (If known). Complete this section only if you are certain which subjects you are taking.

CAO/ID Number

Title (Mr/Mrs/Ms etc.)

Sex Male ❑ Female ❑

Surname (See Note 4 overleaf)

First Names

Home Address (See Note 5 overleaf)

Home Tel No.

Mobile No.

Date of Birth Day Month Year

Nationality

Address while attending CIT (if different from above)

E-mail Address

Do you suffer from any disability or impairment? (See Note 7 overleaf) YES ❑ NO ❑

PPS No.

The purpose of this question is to ascertain whether you require any special arrangements which will facilitate your attendance at classes or assist you in taking your examinations. If you tick this box you will be contacted subsequently. All information supplied will be treated confidentially.

FOR OFFICE USE ONLY	BR ❑	AK ❑	CP ❑	HoD ❑

(See overleaf)

DETAILS OF EDUCATION

Name of School/College you last attended

Last Course attended

Highest Examination passed to-date

Result

Year of Award

OTHER RELEVANT FURTHER EDUCATIONAL QUALIFICATIONS

Full Title of Qualification

Name of Awarding Body

Name and Address of College Attended

Overall Result

Date of Award

Day Month Year

Present Employer

Address of Employer

Occupation/Position Held

Telephone

RELEVANT WORK EXPERIENCE OR ANY FURTHER INFORMATION RELEVANT TO THE APPLICATION (See Note 7 overleaf)

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.

DECLARATION BY APPLICANT

I certify that the information given in relation to this application is correct.

Applicant's Signature Date

Please note: Your signature (or nominee) on this form gives the Institute permission to verify the information that you have supplied therein.

FOR DEPARTMENTAL USE ONLY

Offer Place ❐	Offer subject to results ❐ Transcript Received ❐	Reserve List ❐	Regret ❐

Signed Date

(Head of Department)

Please print name

DEPARTMENT STAMP & DATE