



Cork Institute of Technology
APPLICATION FORM
CERTIFICATE IN ADVANCED CLINICAL PRACTICE WITH CHILDREN AND FAMILIES

Please complete Sections A, B & C in clear print and return to the Mary Cooney, Dept. of Applied Social Studies, Cork Institute of Technology, Cork on or before THURSDAY, 3rd January 2019. Please attach an up-to-date passport size photograph to this application form. Please mark envelope Advanced Clinical Practice Children & Families Certificate application

SECTION A

Surname: First Names: Title: (Mr/Mrs/Ms etc.)

Home Address

Home Tel. No. Mobile Tel. No.

Email Address.(print clearly)

Date of Birth:

Address for Correspondence: (if different from above)

Address (Work):

Work Tel. No.:

Occupation/Position Held:

Formal Education

Table with 3 columns: Name of School/College, Qualification Attained, Dates (From, To). Contains 4 empty rows for data entry.

(See overleaf)

SECTION C REFERENCE

One written reference is required. The Referee should be a person who has known you for some substantial time, who you are not related to you, and who is in a position to comment objectively on your readiness for the course. **You will need to print one copy of the reference form, which is attached below.** You should give a copy of the Reference form along with the information sheet provided to the Referee. The Referee should return the Reference confidentially by January 3rd 2019. It is the applicant's responsibility to ensure that the reference has been submitted by the closing date.

Declaration

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

Signed: _____ Date: _____

Note:

This application form does not infer or impose any legal obligations on Cork Institute of Technology to provide courses or other services to students. It does not constitute an offer to supply courses or subjects and it is not to be construed as imposing a legal obligation on the Institute to supply courses or subjects in respect of any course of study.

Data Protection Act: Information held by the Institute on computer will be used only for the purposes registered under the Data Protection Act 1988, that is the provision of education and training services. A copy of your details held by the Institute on computer is available on request. A fee may be payable for this.

Confidential Statement by Referee

Applicant's Name _____

Dear Referee,

The above named person has applied for a place on the Certificate **in Advanced Clinical Practice With Children And Families** at the Cork Institute of Technology. You will find details of the course in the course brochure which the applicant will give you. Please return your reference by January 3rd, 2019 to Mary Cooney, Department of Applied Social Studies, Cork Institute of Technology, Bishopstown, Cork. We thank you for your help in advance.

NAME OF REFEREE _____

ADDRESS OF REFEREE _____

TELEPHONE NO: _____ Mobile _____

POSITION/OCCUPATION OF REFEREE _____

LENGTH OF TIME AND CONTEXT AND IN WHICH YOU KNOW THE APPLICANT: _____

To help us further with our assessment of this applicant, it would be very helpful if you would rank the applicant with regard to the following (please circle the scale).

	Low					High
An understanding of the demands of training (e.g. keeping to deadlines, the need for assessment, keeping professional and financial agreements, etc.)	1	2	3	4	5	
His/her awareness of his/her strengths and weaknesses	1	2	3	4	5	
Capacity to engage with other people	1	2	3	4	5	
Integrity (<i>including capacity for confidentiality</i>)	1	2	3	4	5	
Capacity for self-reflection	1	2	3	4	5	
Awareness of peoples different outlooks/frames of reference	1	2	3	4	5	

It would be helpful if the following information about the applicant could be covered in your statement below:

- (1) Motivation and commitment.
- (2) Intellectual ability.
- (3) Oral and written communication skills.
- (4) Personal qualities relevant to working with potentially vulnerable people.
- (5) Potential areas for further development
- (6) Any other comments which you feel may be relevant to the application:

STATEMENT BY REFEREE (Please feel free to type this statement on a separate page, sign and date it and return it with this form)

_____ Continued overleaf

