

O'FIAICH INSTITUTE OF FURTHER EDUCATION
 Dublin Road, Dundalk. Telephone: (042) 9331398



Post Leaving Certificate Courses

Application Form

Name of Course(s) for which you are applying in order of choice:

1. _____
2. _____
3. _____

NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

DATE OF BIRTH: _____

SECONDARY SCHOOL ATTENDED: _____

FROM: _____ TO: _____ SCHOOL PHONE NO: _____

PPSN: GENDER: _____

EXAMINATION RECORD:

Please state year examination was taken, delete appropriate examination, enter grades and indicate level of subjects taken.

LEAVING CERT. / PRE-LEAVING CERT. YEAR:			Please include any additional courses, qualifications, achievements or employment details below:	
Subject	Level	Grade	Information	Dates

INDICATE BRIEFLY WHY YOU ARE APPLYING FOR THIS COURSE: _____

FAMILY DOCTOR'S NAME: _____

ANY ONGOING MEDICAL TREATMENT: _____

DO YOU HAVE ANY SPECIAL EDUCATIONAL REQUIREMENTS (EG. DYSLEXIA)? PLEASE SPECIFY

HOBBIES/INTERESTS: _____

SIGNATURE: _____ DATE: _____

PLEASE NOTE: APPLICATIONS FROM E.U. CITIZENS CAN ONLY BE PROCESSED IF THEY HAVE A VALID PPSN INCLUDED.

REFEREE'S REPORT

To the Student: Please ask a teacher from your school who knows you well to complete this section of the form.

To the Referee: We would very much appreciate it if you could complete this referee's report for the student named overleaf and then post it to:

**THE PRINCIPAL
O'FIAICH INSTITUTE OF FURTHER EDUCATION
DUBLIN ROAD
DUNDALK
CO. LOUTH**

Name of Student: _____

Name of Referee: _____

How long have you known the student: _____

Please tick ✓ the appropriate box in any section below for which you have knowledge of the student.

	EXCELLENT	VERY GOOD	GOOD	POOR
Attendance				
Punctuality				
Co-operation with others				
Relationship with staff				
Ability to communicate				
Attitude and application to study				
Reliability				
Ability to accept criticism				
Ability to work on own				
Suitability for course chosen				

Any further comments: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

ID NO:

REC NO:

SCHOOL STAMP

