

# Adult Continuing Education at UCC Programme Application Form



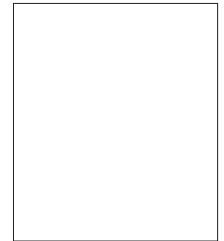
ADULT CONTINUING EDUCATION AT UCC

<b>For Office Use:</b>	Academic Year: _____	Processing Fee: <input type="checkbox"/>
	Qual. Code: _____	Fee Received: € _____
	Offering Type Code: _____	Date Acknowledged: ID _____
	IELTS: <input type="checkbox"/> Return Date: _____	Card Issued: _____
	Birth Cert: <input type="checkbox"/> Return Date: _____	
	Marriage Cert: <input type="checkbox"/> Return Date: _____	
	Educational Certs: <input type="checkbox"/>	Staff Initials _____

**Allocated Student No.** (For office use only)

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Application Forms must be accompanied by a **PASSPORT SIZE PHOTOGRAPH** (5 x 3.5cm approx.) for Student ID Card. Please do not use staples.



Please complete in block capitals

## 1. PROGRAMME DETAILS

Enter title of Programme e.g. Certificate/Diploma etc. in (title of programme)

**First Choice:** \_\_\_\_\_

**Second Choice:** \_\_\_\_\_

**Study Location:** (please tick)  UCC  Outside Centre **Centre Name** (if outside UCC Campus) \_\_\_\_\_

## 2. PERSONAL DETAILS

**Surname:** (as on Birth Certificate) \_\_\_\_\_ **Title:** (e.g. Mrs, Mr, Ms etc.) \_\_\_\_\_

**Married Name:** (if applicable) \_\_\_\_\_

Please tick if you wish to register using married name: (if so, marriage certificate **MUST** be attached)

**First Names in Full:** (as on Birth Cert which **MUST** be attached) \_\_\_\_\_

**Date of Birth:** (dd mm yyyy) \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** (F or M) \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **First Language:** \_\_\_\_\_

**English Language Competency:** TOEFL Score \_\_\_\_\_ ELTS Score \_\_\_\_\_ Date of Last TOEFL/IELTS Exam \_\_\_\_\_  
(for students whose first language is **NOT** English)

**Correspondence Address:** \_\_\_\_\_

**Primary Contact Number:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Work Tel No:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **PPS No:** \_\_\_\_\_

**Name of Person to Contact in Case of Emergency**

**Contact Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

# Adult Continuing Education at UCC Programme Application Form



## For record purposes, please complete the following:

Did you previously register for a programme in UCC (including ACE Programmes)?

### Please supply Student Number:

(if available)

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## 3. EDUCATION

What is the highest level of education completed to date?

### Post-Leaving Certificate Courses

Please complete where relevant

Title of Course/Award	NFQ Level	Name of Institution	Year Completed

### Third Level Courses

Please complete where relevant

Name of Institution	Qualification	Class of Honours	Year Awarded

## 4. CURRENT OCCUPATIONAL STATUS

### Please tick:

- Working Full-Time                       Working Part-Time                       Self Employed  
 Social Welfare Recipient (including unemployed)                       Government Funded Scheme (e.g. CE Scheme, BTEI Scheme, Back-to-Work Scheme etc.)  
 Homemaker                       Retired  
 Other (please specify) \_\_\_\_\_

### Employment Record

Commence with Current Employer

Name and Address of Employer	Date of Employment (from/to)	Position Held and Brief Description of Duties

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## 5. ADDITIONAL INFORMATION

Outline previous relevant personal/professional experience as appropriate to this application:

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## 6. DOCUMENTATION REQUIRED (PLEASE TICK AS APPROPRIATE)

Please check that you have accurately completed all questions. The following items should accompany this form:

1. Original or certified copy of Birth Certificate (NOT Baptismal Certificate) if not already a graduate of UCC/Centre for Adult Continuing Education. If you wish to register using your married name, a certified copy of marriage certificate must also be submitted.

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2. ONE passport size photograph, signed on the back for student ID card purposes.

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3. IELTS/TOEFL Certificates if required.

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4. Educational Certificates if required.

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5. Completed Application Acknowledgement/Receipt Envelope for return of Certificates.

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Completed Application Forms should be returned to:

IITD Diploma Applications Office,  
Sycamore House,  
Millennium Park,  
Naas, Co. Kildare

**Please Note:** Incomplete Application Forms or those submitted without the required documentation cannot be processed.

How did you hear about this programme:

- Radio
- Newspaper
- Web
- Programme Guide
- Friend
- Other

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## 7. DECLARATION

I hereby declare that all information provided on this form is true and accurate

Signature \_\_\_\_\_ Date \_\_\_\_\_