

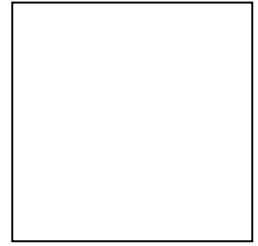
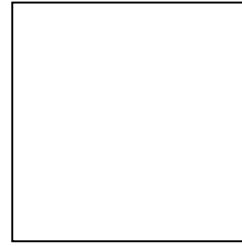
Name:

PPSN:



**OPEN TRAINING
COLLEGE**

www.opentrainingcollege.com



Affix photos above (signed on back)

APPLICATION FORM 2012 BA (Ordinary) in Applied Social Studies (Disability)

Please complete this form in **BLOCK LETTERS** and return to:

Open Training College, Prospect Hall, Willowfield Park, Goatstown, Dublin 14.

Tel: 01-2988544 Fax: 01-2987004 email: info.otc@smh.ie Web:

www.opentrainingcollege.com

Please ensure that all sections are fully completed and all necessary documentation attached.

**Please note: Incomplete forms will not be processed and will be returned to the applicant.
*Applications may be forwarded to the Admissions Committee at any time for further consideration***

IMPORTANT NOTICE TO INTERNATIONAL APPLICANTS

Please submit the following along with the application form:

- Copies of English translations of any examination results/qualifications you may have*.
- Evidence of proficiency in English (see section 6 of this form)*.
- A clear copy of the passport pages showing your photograph, personal details and Visa status*.

REMINDER

Please check that you have enclosed the following (please tick):

1. Two passport sized photographs (signed on back and attached in space provided) (not required for Foundation courses)
2. A non-refundable application fee of €80, (Cheque, Bank Draft or Postal Order signed with full name on the back and made payable to the Open Training College)
3. Copy of identification details e.g. photo ID from driving licence or passport (all applicants)*
4. Copy of all previous educational qualifications and transcripts*

Also please ensure:

1. You have written your full name and PPSN in the box provided at the top of each page where indicated
2. Your manager has signed and stamped Section 5 of the form
3. You have read and signed the declaration section at the end of this application

NOTES ON DOCUMENTATION

*Original documentation must also be available upon request

The College reserves the right to validate the authenticity of any documentation provided in support of an application.

Name: _____	PPSN: _____
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Section 2 - Personal Details

Surname: _____ First Name(s): _____
 (Names as per passport/driving licence, to be used on all correspondence & certification)

Date of Birth: ____/____/____ PPS No. _____ Gender: Male Female
 DD/ MM/ YYYY

Nationality: _____ Country of birth: _____

Address for correspondence:

Tel home: _____ Email: _____ Mob: _____

Contact case of emergency: Name: _____ Number: _____

Do you have any learning or medical support requirements that the College should be aware of?
 If yes, please give details below:

*All applicants who indicate any support requirements will receive advice and guidance from a member of the academic course team. Please see the College website for further information on learner supports available.
 The College reserves the right to request professional documentary evidence of any diagnosis disclosed above.*

Section 3a – Secondary Education

Name of school: _____

Address of school (Including country): _____

Dates attended: From _____ To: _____ Last examination taken: Title _____

Subject	Level	Grade	Subject	Level	Grade
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Name: _____ PPSN: _____

Section 4 – Work/Employment Experience

Current/Most Recent Employment/Volunteer Placement

Dates: From: _____ To: _____ Title: _____

Responsibilities: _____

Employer name and address: _____
_____ Tel no: _____

Status of employment: Permanent Temporary Relief
Full-time Part-time *Voluntary

**All volunteer applicants are required to have section 5 (below) completed by their current manager/supervisor, and also to sign and return the "Information for Volunteer Applicants" declaration.*

Previous Employment/Work Experience

Dates: From: _____ To: _____ Title: _____

Responsibilities: _____

Employer name and address: _____
_____ Tel no: _____

Status of employment: Permanent Temporary Relief
Full-time Part-time Voluntary

Section 5

To be completed by applicant's current Manager:

Has this applicant completed the Garda Clearance process? Yes No

Will the organisation facilitate the applicant to complete work-based assignments? Yes No
(The identity of service-users and organisation will be protected and consent will be sought for each assignment)

Authorised Signatory on behalf of agency:

Print Name: _____

Signature: _____

Position held: _____

Work address: _____

Contact number: _____

E-mail: _____

Place
Official Organisational Stamp
Here
(If organisational stamp is not available
please provide signed letter from
authorised signatory on headed paper)

Section 6 – International Applicants

UK applicants:

Minimum of GCSE in English required from recognised UK awarding body

The following requirements apply to **all Non-EU applicants** and **EU applicants whose first language is not English:**
Transcript of educational attainment achieved through studies in English at degree level (as validated by the NQAI Qualifications Recognition procedure: see www.qualificationrecognition.ie).
Or evidence of proficiency in English for academic purposes provided by one of the qualifications listed below (please attach relevant evidence to this form).

Qualifications:	Minimum Requirement	Your Grade
TOEFL Paper-based test	550	___
TOEFL Internet-based test	79-80	___
IELTS	6.0	___
Cambridge Certificate of Proficiency in English	Grade C	___
Cambridge Certificate in Advanced English	Grade A	___
NEAB test in English for speakers of other languages	Pass	___
Warwick University English Language Test	Pass	___

Section 6 – Other Information

How did you become aware of the course for which you are applying? Please **circle** as many as apply.

- | | | |
|----------------------------------|------------------------|---------------------|
| 1. Current/Past Student Referral | 4. Golden Pages | 7 Press Advertising |
| 2. Colleague | 5. Training/HR Manager | 8. Magazine |
| 3. College Brochure/Flyer | 6. Web Search | Other: _____ |

DECLARATION

As the applicant I agree to the following (pending final offer of place):

- I will complete this course to the best of my ability
- I will work in collaboration with my line manager in undertaking my studies
- I will report any problems I encounter to the line manager in a timely fashion
- I will abide by any consent/confidentiality processes outlined by my employing agency
- I will adhere to College regulations pertaining to this programme of study

I declare that all the information contained in this form is true and accurate and that any untrue or inaccurate information may void my registration with the College:

Signed: _____ **Date:** _____

The Open Training College fully respects your right to privacy, and will not collect any personal information about you without your clear permission. Any personal information which you volunteer to the Open Training College will be treated with the highest standards of security and confidentiality, strictly in accordance with the Data Protection Acts, 1998 and 2003. Any information which you provide in this way is not made available to any third parties, and is used by the Open Training College only in line with the purpose for which you provided it.

Occasionally we may contact you by post or email with details of further courses. If you **do not** wish to receive this information please tick here

The College reserves the right to amend courses as necessary and to postpone or cancel courses at its discretion.