



Please attach a clear passport size photograph here

# Certificate in General Studies Application Form

## September 2010—May 2011

PLEASE COMPLETE YOUR APPLICATION FORM IN BLOCK CAPITALS

First Name:

Surname:

Address:

  
  

Home Number:

Mobile Number:

Date of Birth:

 /  /  Age 

PPS No:

Email address:

Please tick appropriate category.

Irish National

EU National

Other

Accorded Refugee Status

Please specify nationality \_\_\_\_\_

To participate in this course you must be available to attend full-time classes from September 2010 to May 2011.

Are you in a position to make this time commitment? Yes

No

### Certificate in General Studies Specialist Elective Choice

Please indicate your specialist elective by ticking your preference of the following:

1. Science Elective

2. Humanities Elective\*

Modules:

Biology  
Chemistry  
Mathematics 1 & 2

Modules:

English Language and Literature  
Local History and Theology  
Community & Enterprise Studies

\*The subjects offered under the Humanities elective may be subject to change prior to commencement of the programme in September.

It is planned that the Certificate in General Studies will also be offered through the Ennis, Regional Learning Centre, Co Clare in September. If you would prefer to attend classes in Ennis please tick here.

**Please tick your highest level of education achieved to date**

Primary 
   
 5th Year 
   
 Group Cert   
 Junior Cert 
   
 Leaving Cert (1-4 exams) 
   
 Leaving Cert ( 5+ exams)   
 FETAC Level 1— 6 (please state) \_\_\_\_\_  
 Other (please state) \_\_\_\_\_

**Please give brief details of your education to date, including both formal and informal education:**

School / Venue attended	Title of course / qualification	Year(s) of attendance	Awarding body	Outline course content

**Have you ever applied to any third level college?    Yes     No     Year**

**If yes, please specify your reason for leaving or not taking up the course.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In your opinion what obstacles have prevented you from proceeding to third level studies up to now? Please give details. (Enclose a extra page if required)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give **brief** details of your current and previous employment(s):

Employer	Start Date	Finish Date	Type of work

Please tick which option below, if any, describes your current economic/employment status:

Employed Full-time	<input type="checkbox"/>	Unemployed (in receipt of UA/UB for whole week)	<input type="checkbox"/>
Employed Part-time	<input type="checkbox"/>	Employed Part-time & in Receipt of UA/UB	<input type="checkbox"/>
Working in the home	<input type="checkbox"/>	On a Training Scheme (CE, Jobs Initiative etc.)	<input type="checkbox"/>
Other	<input type="checkbox"/>	On a Training Scheme & Employed Part-time	<input type="checkbox"/>

Please indicate length of time of unemployment, or not in the labour force, if applicable?

< 6 Months	<input type="checkbox"/>	6—12 Months	<input type="checkbox"/>	24 Months	<input type="checkbox"/>
24 - 36 Months	<input type="checkbox"/>	More than 3 years	<input type="checkbox"/>		

### Benefits / Allowances

Are you in receipt of any social welfare allowances? Yes  No

If yes, please state the name of the allowance and how long you have been in receipt:

**Please include with your application written confirmation from your local social welfare office of the duration of your claim to a jobseekers payment or other welfare entitlement.**

Do you have a Medical Card? Yes  No

Medical Card No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Please outline briefly why you would like to participate in the Certificate in General Studies and what you hope to achieve from the programme: (Enclose an extra page if required)

Four horizontal lines for writing a response.

Do you have access to a computer at home?

Yes  No

Please include any additional information which you feel is relevant to your application. If you have a disability / specific learning difficulty, please provide further information here and please attach up-to-date assessments with your application.

Three horizontal lines for writing additional information.

Name and addresses of two people who will give you a written reference (e.g. teacher, guidance counsellor, employer, etc.). **Please include these written references with your application.**

Form for two references with fields for name, address, and telephone number.

I confirm that the information I have provided on this form is correct.

Signed:  Date:

CLOSING DATE FOR RECEIPT OF APPLICATIONS: Friday, 23rd July 2010

Completed application forms should be sent to:

Claire Dowling
Downtown Centre
2nd Floor, Limerick Diocesan Pastoral Centre
St Michael's Courtyard
Denmark Street, Limerick

Ph: 061-233701; Email: info@downtowncentre.ie

SUCCESSFUL APPLICANTS WILL BE INVITED TO ATTEND FOR INTERVIEW AT THE DOWNTOWN CENTRE. THE DATES AND TIMES OF INTERVIEWS WILL BE NOTIFIED IN AUGUST.

