

APPLICATION FORM 2017/2018

PLEASE USE BLOCK CAPITALS. COMPLETE ALL SECTIONS. Applications cannot be processed unless all sections are fully completed.

NAME OF COURSE YOU WISH TO APPLY FOR
(if applying for more than one course use a separate form for each):

Course Name: _____

Course Code:

First Name: _____ Surname: _____

Address: _____

County: _____ Postcode/Eircode: _____

Telephone - Home: _____ Mobile: _____

E-mail: _____

Date of Birth (dd/mm/yyyy): / /

P.P.S. No.: Gender (M/F): _____

Digits

Letter/s

Country of Birth: _____ Nationality: _____ EU Citizen: Yes No

Data Impact Statement: The data you supply on this form is required to process your application and is the data required to be returned to SOLAS and ETBI. We may also be required to share your information with other bodies such as, but not limited to, the Department of Education and Skills and the Department of Social Protection. Kilkenny and Carlow Education and Training Board (KCETB) is a registered Data Controller under the Data Protection Acts 1988 and 2003. Please refer to KCETB Data Protection Policy, available at www.ormondecollge.ie/policies-procedures, for full details of how we will use the data you supply on your application.

Tick this box to indicate that you acknowledge the Data Impact Statement

By signing and submitting this Application Form, you agree that Ormonde College can use the information you have supplied in order to contact you in connection with your application by phone, mobile, e-mail or letter. Please ensure that the details supplied above are accurate.

Inform the college of any changes by email to info@ormondecollge.ie or by phone at 056 7763321.

Signed: Date:

Please sign and date your completed application and return to:

Admissions Office, Ormonde College of Further Education, Ormonde Road, Kilkenny.