

APPLICATION FORM 2018/2019

This Application Form is designed to collect the information required by the School/Centre, providers and funders, being SOLAS and the Department of Education and Skills, (each a "data controller") to put forward your expression of interest and facilitate follow-up correspondence from a data controller with you. The details of this form will be used as a basis for the formal application process to be a course participant and related matters (e.g. course funding support). It facilitates the submission of accurate applicant details to SOLAS (the Further Education and Training Authority).

COMPLETE ALL SECTIONS. Applications cannot be processed unless all sections are fully completed.

PLEASE USE BLOCK CAPITALS.

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

Course Name: _____

First Name: _____ Surname: _____

Address: _____

County: _____ Postcode/Eircode: _____

Telephone - Home: _____ Mobile: _____

E-mail: _____

P.P.S. No.:

--	--	--	--	--	--	--	--

--	--

 Gender (M/F): _____

Digits

Letter/s

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

Date of Birth (dd/mm/yyyy):

--	--

 /

--	--

 /

--	--	--	--

Please Note: In order to process applications from applicants aged under 18 years on date of application, it is required that a Parent/Guardian complete the Consent on the reverse of this Application Form before it is submitted to the College.

Applicant Declaration

I confirm that the information given on this form is accurate and agree to receive follow up communications in relation to this course.

Applicant Data Protection Acknowledgement

By submitting my expression of interest in the form to attend the course(s), I acknowledge that the data controllers may process my personal details for the purposes of assessing my eligibility for the course and to contact me with follow-up correspondence. I understand that I may also address any questions, comments and/or access requests regarding my personal details to LIAM.SCOTT@kcetb.ie.

Please inform the college of any changes to the above information, either by email to info@ormondecollege.ie or by phone to 056 7763321.

Signed: Date:

Please sign and date your completed application and return to:
Admissions Office, Ormonde College of Further Education, Ormonde Road, Kilkenny.

Ormonde College of Further Education

Parental /Guardian Consent

Dear Parent or Guardian:

In order to process the application for the applicant named below to participate in a SOLAS funded Further Education and Training programme, Parental/Guardian consent is required for persons under 18 years of age.

Course Details: _____

Course Start Date: _____

Venue: _____

Applicant Name: _____

Parent/Guardian Declaration

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND I SIGN THIS FORM VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian Data Protection Acknowledgement

I acknowledge that it is necessary in connection with the applicant participating in a SOLAS funded programme, for SOLAS and the Department of Education (DES) (each a "controller") to process my personal data in this form. I understand that I may also address any questions, comments and requests (access, erasure, objection or restriction) regarding your data processing practices at LIAM.SCOTT@kcetb.ie who will also provide the contact details of the relevant Data Protection Officer.

I acknowledge that SOLAS and DES will retain my personal data for as long as is necessary in connection with the applicant's participation in the programme. Each controller will keep historical data for a set time before disposal according to its data retention policy. I have a right to lodge a complaint regarding the processing of my personal data with the Office of the Data Protection Commissioner.

Parent/Guardian's Full Name (please print): _____

Parent/Guardian's Telephone Number: _____

Signature: _____ Date: _____

1

Further Education and Training

CO-FUNDED BY THE IRISH GOVERNMENT AND THE EUROPEAN UNION UNDER THE EUROPEAN SOCIAL FUND

