



APPLICATION FOR COURSE ADMISSION

Office Use Only	Application Number:	
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PLEASE PRINT CLEARLY
TICK WHERE APPROPRIATE

1. PERSONAL DETAILS

TITLE Mr/Mrs/Miss etc	SURNAME/FAMILY NAME	GIVEN NAMES																
.....																
CORRESPONDENCE ADDRESS (The address to which mail can be sent.) Provide: Number, Street, Suburb or City & Country																		
.....																		
.....COUNTRY POSTCODE/ZIP CODE																		
TELEPHONE (Home) (Work)																		
FAX (Mobile)																		
E-MAIL																		
GENDER	Male <input type="checkbox"/>	Female <input type="checkbox"/>																
DATE OF BIRTH	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Day</td> <td colspan="2">Month</td> <td colspan="4">Year</td> </tr> </table>										Day		Month		Year			
Day		Month		Year														

2. THIRD LEVEL COURSE DETAILS

COURSE TITLE																
MAJOR FIELD/STREAM OF STUDY																
COURSE COMMENCEMENT DATE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Day</td> <td colspan="2">Month</td> <td colspan="4">Year</td> </tr> </table>									Day		Month		Year			
Day		Month		Year													
AGENT (please specify)																

3. LANGUAGE COURSE DETAILS

What is the main language spoken at your permanent home residence?

Please attach a copy of your most recent English language proficiency test certificate.

General English	<input type="checkbox"/>	Aviation English	<input type="checkbox"/>
Business English	<input type="checkbox"/>	English for Special Purposes	<input type="checkbox"/>
Blended Learning	<input type="checkbox"/>	Linguistic Stays	<input type="checkbox"/>
Medical English	<input type="checkbox"/>	TEFL Teacher Training	<input type="checkbox"/>

5. COUNTRY OF BIRTH AND CITIZENSHIP

Country of Birth

Citizenship

Passport Number.....

6. EDUCATION QUALIFICATIONS: Please attach certified photocopies

TERTIARY EDUCATION

Complete all sections where applicable (ensure secondary education details are completed even if tertiary studies have been commenced)

Completed and/or commenced a Higher Doctorate, Doctorate, Masters degree, Postgraduate diploma/certificate course from a tertiary institution e.g. University, Institute of Technology, College of Advanced Education etc **(a)**

Course Title:

Name of tertiary institution:

Completed? YES NO Year last enrolled:

Completed and/or commenced a Bachelor degree course from a tertiary institution e.g. University, Institute of Technology, College of Advanced Education etc **(b)**

Course Title:

Name of tertiary institution:

Completed? YES NO Year last enrolled:

Completed and/or commenced an Associate Degree, Advanced Diploma or Diploma course from a tertiary institution e.g. University, Institute of Technology, College of Advanced Education, Teachers' College etc **(c)**

Course Title:

Name of tertiary institution:

Completed? YES NO Year last enrolled:

OTHER EDUCATION

Completed and/or commenced a Technical College Associate Diploma, Advanced Diploma, Diploma, Certificate course, STAT, Hospital trained nurse, ACA, ABE **(d) (e) (h)**

Name of Qualification:

Name of Institution:

Completed? YES NO Year last enrolled:

SECONDARY EDUCATION

Completed final year of secondary education, A levels, TEE, SAM, VCE or other **(f) (g)**

Name of Qualification:

Name of Institution:

Year completed:

7. DISABILITY DECLARATION

Do you have a disability, impairment or long term medical condition which may affect your studies? YES NO

If YES, please indicate the area of impairment:

Hearing Learning Mobility Vision Medical Other
Please indicate

8. DECLARATION

I hereby declare that the information provided on this application is correct. I authorise the college to obtain official records, if necessary, from any institution attended by me. I understand that if any information is found to be false, this application may be cancelled. I agree that by taking up the offer of a place on this course I accept the terms and conditions as set out in the college agreement.

Please print name

Signature Date / /

DOCUMENTATION

Certified copies: should be certified as true copies of the original by the authorised Edgewater College staff member/Centre/Partner Institution/Agent/Justice of the peace/Notary (College Principal or Lawyer).

Each application should be accompanied by 2 certified copies.

Failure to follow the correct procedure will result in the non-acceptance of application.

Please send all applications to:

Admissions Office
Edgewater College
9/10 Merchant's Quay
Drogheda
County Louth
Ireland

Email: admin@edgewater.ie
Tel: +353-(0)41-9846500
Fax: +353-(0)41-9835233
Web: www.edgewater.ie