



COURSE CHOICE

Selskar College may make adjustments to timetable and course content

Enter in order of preference titles of courses you wish to apply for :

1st Choice

Course Code

2nd Choice

Course Code

PERSONAL DETAILS

Failure to supply correct details could affect your application

First Name

Surname

Address

PPS Number

Mother's First Name

Mother's maiden surname

Date of Birth

Gender Male

Female

Country of Birth

Nationality

Next of Kin

(First Name)

Mobile No.

Home No.

Next of Kin

(Surname)

Email address

Next of Kin

(Contact Number)

EDUCATIONAL DETAILS

Last Post Primary School
Attended

Most recent examination taken

Please tick box

Which year did you
leave school?

Address

Junior/Inter Cert

YYYY

Do you have a Medical Card?

Yes

No

Leaving Cert

YYYY

Medical Card Number

LCA

YYYY

Other

YYYY

The Department of Education and Skills provide assistance for learners with additional needs

Do you have any specific learning difficulty, disability, or medical condition that may impede your learning or which Selskar College should be aware of for Health and Safety Reasons?

Yes

No

If yes, please read **Information for Learners with Disabilities, Health Conditions and/or Specific Learning Difficulties** and submit a **Supplementary Application form** and required evidence with your application, both available from college office or www.selskarcollege.ie

STATUS

Please indicate current education/employment status

- At School Training (FÁS etc) VTOS or similar
 Unemployed (less than 6 months) Unemployed (more than 6 months) Other (please specify)

REFEREES

Please give the name of 2 referees. Selskar College reserves the right to contact referees for a confidential reference. In the case of applicants who have left school since 2012, one referee should be the Principal or a teacher from your post-primary school

Referee 1: Name

Title/Position

Address

Contact Number:

Referee 2: Name

Title/Position

Address

Contact Number:

GARDA VETTING

Do you consent to Garda Vetting?

Yes No

(This permits the college to forward details of Garda vetting disclosures to any potential employer)

DECLARATION & SIGNATURE

I undertake that, if accepted as a student of Selskar College, I will abide by the regulations and procedures of Selskar College and Waterford and Wexford Education and Training Board.

Signature

Date

Please return to:
**PLC Admissions Office,
Selskar College,
Westgate,
Wexford**

Telephone (053) 9122753 Fax (053) 9122315
Email: selskarcollegeplc@wwetb.ie
www.selskarcollege.ie