



Further Education (Post Leaving Certificate) Course

Application Form

Duiske College
Graiguenamanagh, County Kilkenny
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PLEASE USE BLOCK CAPITALS IN BLACK INK

If you are applying for more than one course, please use a separate form for each application.

Course Title:

First Name:

Surname:

Address:

Telephone No:

Home:

Mobile:

Work:

Email:

Personal Public Service Number:

Date of Birth: __ / __ / ____

Gender: Male ☐ **Female** ☐

Nationality:

EU: ☐

Non EU(Please specify): _____

Educational Background (please tick all relevant categories)

Primary

☐

Group Certificate

☐

Junior/Inter Certificate

☐

Leaving Certificate

☐

Leaving Certificate Applied

☐

VTOS

☐

Further Education(PLC) Course

☐

Training/Apprentice

☐

Other(Please Specify) : _____

**Please tick the appropriate box to indicate what you were doing on
30th September 2008**

Attending School*

☐

Third Level

☐

In Training

☐

Employed

☐

Unemployed

☐

Other (Please Specify) _____

* If attending school: School Name: _____

School Roll No: _____

Work Experience (if applicable)

Please outline below any additional information which you believe is relevant to your application for the course or which may help us in planning any supports needed:

Where did you hear about the course?

I hereby authorise the management and staff of Duiske College to use the information provided on this application for all bona fide school purposes. In return, the school undertakes that personal information on a student will not be disclosed to anyone other than relevant school staff or staff of County Kilkenny VEC or of the Department of Education and Science or its agencies without first consulting the student.

Signature: _____ **Date:** _____

Please return completed application to: Duiske College, Graiguenamanagh, County Kilkenny

