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**Certificate in Applied Learning and Skills Development**

**Student Application Form 2024-25**

**Personal Details (Applicants details**)

*\*Required*

|  |  |
| --- | --- |
| Applicant First Name: \* |  |
| Surname: \* |  |
| Home Address: \* |  |
| Address 1: \* |  |
| Address 2: \* |  |
| Address 3: \* |  |
| Eircode: \* |  |
| Email Address: \* |  |
| Mobile Number: \* |  |
| PPS Number: \* |  |
| Country of Birth: \* |  |
| Nationality: \* |  |
| Date of Birth: (in format DD/MM/YY): \* |  |
| Gender: \* |  |

**If you would like us to include a support person in our initial contact with you, please enter their details below:**

|  |  |
| --- | --- |
| Name: |  |
| Relationship to you:  |  |
| Mobile Number: |  |
| Email address: |  |

**Information on your disability:**

(*Please attach any official documentation verifying your disability status, such as medical records, a doctor’s note, or official documentation from a relevant authority. \**

|  |  |
| --- | --- |
| Primary Disability: |  |

|  |  |
| --- | --- |
| Other Disabilities/Conditions:  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes**  | **No** |
| Are you able to use public transport independently? |[ ] [ ]
| How would you plan to get to college? |  |

**Education Background**

**Primary and Secondary School** (List the primary and secondary schools you have attended):

|  |  |
| --- | --- |
| Name of School | Years attended |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **What type of school did you attend?**  | **Please tick all that apply** |
| I attended a mainstream primary school |[ ]
| I attended a special primary school |[ ]
| I attended a special class in a mainstream primary school |[ ]
| I attended a mainstream secondary school |[ ]
| I attended a special secondary school |[ ]
| I attended a special class in a mainstream secondary school |[ ]
| Other: (Please specify) |  |

**Examinations**

Junior Certificate

Did you complete a Junior Certificate: Yes [ ]  No [ ]

If yes, please fill out this table with your Junior Certificate Results:

*Use the example to help you if needed.*

**Evidence for/copies of any certificates obtained should be emailed along with the application form.**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Subject** | **Higher, Ordinary or Foundation Level**  | **Year of Exam** | **Results**  |
| Maths  | Foundation | 2016 | C |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Leaving Certificate

|  |  |
| --- | --- |
| **Did you Leaving Certificate or Leaving Certificate Applied?** | **Please tick** |
| Yes, Leaving Certificate  |[ ]
| Yes, Leaving Certificate Applied  |[ ]
| No, neither |[ ]

* If you have not done the Leaving Certificate or Leaving Certificate Applied, please move on to the next section, “Other Education”
* If you have done your Leaving Certificate/Leaving Certificate Applied, please fill out the table below with your subjects.

**Evidence for/copies of any certificates obtained should be emailed along with the application form.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Level** | **Year of Exam** | **Results**  |
| Maths | Foundation | 2018 | C  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Other Education

|  |  |
| --- | --- |
| **Have you completed any other courses** (e.g. FETAC, QQI Certificates)? | **Please tick** |
| Yes, I have completed other courses |[ ]
| No, I have not completed any other courses |[ ]

**If you have completed other courses, please fill out this table with details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Course**  | **School/College/Service** | **Year completed**  | **Award**  |
|  |  |  |  |
|  |  |  |  |

Supports

|  |
| --- |
| **Did you have any supports in school or outside of school?** ***Please give details below*** |
|  |

Work Background

|  |  |
| --- | --- |
|  **Have you ever had a job?**  | **Please tick all that apply**  |
| No, I have never had a job  |[ ]
| Yes, I have a part-time job now |[ ]
| Yes, I have a full-time job now |[ ]
| Yes, I used to have a full-time or part-time job |[ ]

|  |  |
| --- | --- |
| **Have you ever done voluntary work?**  | **Please tick all that apply**  |
| No, I have never done voluntary work |[ ]
| Yes, I did voluntary work |[ ]

**List any other work experience here:**

|  |
| --- |
|  |
|  |

Interest and Suitability

**Certificate in Applied Learning and Skills Development is a course for people with intellectual disabilities.**

|  |
| --- |
| Why are you interested in studying this course? |
|  |
| Why do you think you are suitable for this course?  |
|  |
| How do you think you benefit from the course/what would hope to get from the course? |
|  |
| How has your disability affected your learning?  |
|  |
| What strategies do you use to help you learn?  |
|  |

Referees

*(A referee is a person who knows you in a professional way, somebody outside of your family or friends).*

|  |  |
| --- | --- |
| **Referee 1** |  |
| Name: |  |
| Phone: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Referee 2** |  |
| Name: |  |
| Phone: |  |
| Email: |  |

Declaration

|  |  |
| --- | --- |
| **Declaration** | **Agree: Please tick** |
| I have read and understood the information about the Certificate in Applied Learning and Skills Development programme.   |[ ]
| I confirm that the information given in this form is true and factually correct. I understand that this information may be disclosed, where necessary, to academic and administrative staff of the University directly involved |[ ]

|  |
| --- |
| Signed: Date: |

**Application form must be submitted by 26th February 2025 to the following email addresses**

**Athlone Campus Applications -** **appliedlearning.midlands@tus.ie**

**Moylish Campus Applications –** **appliedlearning.midwest@tus.ie**

**Reminder - please email any certificates achieved and letter/report confirming an intellectual disability**