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NUI Galway
OÉ Gaillimh



St. Angela's College, Sligo
Coláiste San Aingeal, Sligeach
A College of NUI Galway

Application Form 2012/2013
Access Courses for Higher Education
Mature Students

University Access Courses in NUI Galway, St. Angela's College, Sligo and Outreach Centres
Applications accepted until Friday 18 May, 2012

Please complete the Application Form in Block capitals.

SECTION 1: PERSONAL DETAILS

Surname:		Title:	
First/Other Names:		Gender:	
Date of Birth: As on Birth Certificate		Country of Birth:	
PPS Number:		Nationality:	
<p>Please enclose <u>an original copy of</u> your Marriage Certificate (if applicable) and your Birth Certificate. Are you an E.U. National? yes <input type="checkbox"/> no <input type="checkbox"/> or have you been granted Refugee Status /Humanitarian Leave to remain in the State. yes <input type="checkbox"/> no <input type="checkbox"/> If yes, year granted Status: <input type="text"/></p>			
<p>If English is not your first language can you provide evidence of your fluency to the standard of IELTS certificate (6.5) or equivalent language proficiency test: Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
Home Address:	Correspondence Address: (if different to home address)		
Phone(s):	Email:		

Signature of Applicant: _____ **Date:** _____

*All applicants must be eligible for the Free Fees Initiative. To check eligibility please see http://www.nuigalway.ie/fees/June_2011/understanding_course_fees_home.html

SECTION 2: SCHOOL ATTAINMENT

Name and Address of Primary School:	Dates of Attendance	
	From	To
Name and Address of <u>last</u> Secondary School you attended:	From	To

Name of examination(s) taken (if applicable) while attending school:

Year: _____

Subjects	Level Higher (HL), Ordinary (OL) or Foundation (FL)	Results

SECTION 3: ADULT EDUCATION

3.1 Name of the highest level of Course you have undertaken:	
Location:	
Year taken:	
Duration of the Course:	
Subjects, Levels and Results:	
(i)	(iv)
(ii)	(v)
(iii)	(vi)

3.2 List any short/part-time/ courses you have attended and/or examinations you have taken since leaving school:	
Name of course	
Duration of course/ Dates attended	
Location	
Certification/other	
Subjects, Levels and Results:	
(i)	(iv)
(ii)	(v)
(iii)	(vi)

Name of course	
Duration of course/ Dates attended	
Location	
Certification/other	
Subjects, Levels and Results:	
(i)	(iv)
(ii)	(v)
(iii)	(vi)

3.3 Have you applied to other third level colleges this year Yes No Please circle

SECTION 4: APPLICATION STATEMENT

4.1 What would you hope to gain from this programme? (enclose an extra page if required.)

4.2 In your opinion, what obstacles prevented you proceeding to University degree-level studies up to now?

4.3 List your hobbies/interests, and/or voluntary/ community activities in which you have participated:

SECTION 5: DISABILITY INFORMATION

Do you have a disability? If so please outline the nature of the disability and indicate any support services you may require.

SECTION 6: ADDITIONAL INFORMATION

Please add anything else to your application which you feel is of relevance:

SECTION 7: SELECTION OF COURSE AND COURSE LOCATION

7.1 If selected for an Access course, which venue would you choose/be able to attend? Please indicate your order of preference using '1' for preferred location and '2' '3' etc for 2nd, 3rd etc location. You may also select one location only. Please note that should you be short-listed for interview you may be invited for interview in one of the locations you have selected.

- NUI Galway** **St Angela's, Sligo** **Connemara/Gaeltacht**
Ballinasloe* **Longford *** **Ennis*** **Tullamore***
 (* Contingent on funding and demand)

7.2 Which degree programme at the National University of Ireland, Galway or St. Angela's College, Sligo would you wish to enter?

(An Undergraduate Prospectus is available free of charge on request from the Admissions Office, National University of Ireland, Galway 091 492119. Or see our website: www.nuigalway.ie)

- | | | | |
|---|--------------------------|--|--------------------------|
| Arts, Social Sciences and Celtic Studies | <input type="checkbox"/> | Business, Public Policy and Law | <input type="checkbox"/> |
| Engineering and Informatics | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Science | <input type="checkbox"/> | Podiatry | <input type="checkbox"/> |
| Occupational Therapy | <input type="checkbox"/> | Speech & Language Therapy | <input type="checkbox"/> |
| Health & Disability Studies
(St Angela's College, Sligo) | <input type="checkbox"/> | Food and Business Management
(St Angela's College, Sligo) | <input type="checkbox"/> |

What would you hope to gain from this degree programme?

SECTION 8: REFEREES

Give details of TWO referees (e.g. employer, teacher/course supervisor) who will complete the attached confidential questionnaire on your behalf, which should be sent **directly** to Administrator, Access Course for Higher Education - Mature Students, Access Office, NUI Galway.

Referee 1 -Name:	
Address:	
Phone:	
In what capacity is this referee known to you?	
Referee 2 -Name:	
Address:	
Phone:	
In what capacity is this referee known to you?	

National University of Ireland, Galway Mature Students Access Course 2012/2013

This information will be used for the purposes of selection of students for the Mature Students Access Course only.
Under no circumstances will it be disclosed to any other agency or body.

Section A: Particulars of Dependents/Family Members. You may wish to include your parents and siblings as well as any children/family you yourself may have.

Surname, First Name	Relationship to You	Date of Birth: DD/MM/YR	Indicate (Yes/No) whether this person is currently resident in the family home	Highest Level of Education achieved to date. (ie. Primary Education, Group/Inter/Junior/ Leaving Certificate, PLC, Adult Education, Certificate, Diploma, Degree, Master Programme)	Current/ Most recent occupation or current place of study

- A dependent is: a sibling or foster child under the age of 16 years on 1st October 2012; **or** a sibling , a foster child or parent over 16 years who is attending a full-time course at an education institution; **or** a sibling or foster child who is medically certified as permanently unfit to work; **or** your child (if applicable).

• Section B: Place of Residence

Please tick the appropriate box

Home Owner	<input type="checkbox"/>	Private rented accommodation	<input type="checkbox"/>
Local Authority Tenant Purchase Scheme	<input type="checkbox"/>	Local Authority rented flat	<input type="checkbox"/>
Local Authority rented housing	<input type="checkbox"/>	Other non-permanent accommodation (please give details)	<input type="checkbox"/>

Section C: Medical Card

Do you possess a medical card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give number:		

If **yes**, please take the Medical Card/GP Visit Card Form (at the back of the application form) to your HSE Local Health Office (office that issued the card) for completion and return by 18th May 2012.

Section D: Particulars of income from paid Employment (including self-employment)

Are you currently employed yes part-time full-time
 Community Employment scheme/other unemployed self employed

Place of work <i>(Please start with most recent)</i>	Type of work/ Position	Dates	
		From	To

Please fill in the following table (as applicable) regarding your income for the year ending 2011. Note, if you have worked at any time during the year 2011, your local tax office will issue you a P21 upon request (allow 3 weeks): www.revenue.ie LoCall No. 1890 777 425

Employment Details Year ending December 2011	Self	Spouse/partner	Documents required
Occupation			N/A
Income from employment (e.g. PAYE - salary, wages, fees, etc.)			P21for 2011
Income from pension (from former employer or pension scheme).			P21for 2011
Income from self-employment			Notice of Assessment and Accounts - 2010
Income from land: profits from farming activities			Notice of Assessment and Accounts - 2010
Income from any other source. Please specify:			Relevant evidence

Section E: Particulars of income from Department of Social & Family Affairs

Year ending December 2011	Self	Spouse/ partner	Documents required
DSFA – Unemployment Benefit			Social Welfare Statement
DSFA – Unemployment Assistance (Short-term)			Social Welfare Statement
DSFA – Unemployment Assistance (Long-term)			Social Welfare Statement
DSFA – One Parent Family Payment			Social Welfare Statement
DSFA – Pension Payment			Social Welfare Statement
DSFA – Family Income Supplement			Social Welfare Statement
DSFA – Disability Benefit			Social Welfare Statement
DSFA – Disability Allowance			Social Welfare Statement
Other DSFA payment Please specify:			Social Welfare Statement

Do you think you would satisfy the financial criteria for the Higher Education Grant 2012/2013?
Yes No *Eligibility for the Access Course is generally contingent on being eligible for a Higher Education Grant as an undergraduate (see application guidelines or [http: www.studentfinance.ie](http://www.studentfinance.ie)).*

Other information on the financial circumstances of the family, including any regular outgoings such as rent, loans, childcare, mortgage or debt repayment that you may wish to include for consideration.

Section F: Terms and Conditions

If you agree with all the statements below please tick the boxes and sign your name.

Unsigned applications are considered incomplete.

1. I declare that all the information in this form is true, complete and correct in every particular and that the essay is my own work.
2. I agree that my application and supporting documents may be reviewed by an independent assessor and that they will be treated confidentially.
3. I agree that my application and supporting documents may be reviewed in NUI Galway and St. Angela's College, Sligo.
4. I understand that some of the details on my application may be used for research purposes, but my name will never be used.
5. I understand that any of the information supplied as part of my Access Course application may be subject to verification. I understand that if I have misrepresented myself and/or am found to have given false declaration, I will be ineligible for the Courses.

Signature of applicant: _____ *Date:* _____

**Please post this application to the following address:
Access Course for Higher Education – Mature Students, Access Office, National University of Ireland, Galway to arrive no later than 5.00pm on Friday 18th May 2012.**

REPLY SLIP: If you wish to receive a notification that your application has been received please complete the reply slip below

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Your NUI, Galway Application Form for Access Course for Higher Education – Mature Students was received on:</p>
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**Access Courses for Higher Education
Mature Students 2012-2013**

University Access Courses in NUI Galway, St. Angela's College, Sligo and Outreach Centres.

MEDICAL CARD/GP VISIT CARD FORM

Request for Information from the Health Service Executive

Part 1: To be completed by the applicant.

Applicant's Name:	
Applicant's Date of Birth:	____ / ____ /19 ____
Applicant's PPS Number:	

Part 2: To be completed by the Health Service Executive.

You can find details of all HSE Local Health Offices on the website www.hse.ie or LoCall 1850 24 1850

All forms must be completed, signed and stamped by a HSE official. Forms that are not signed and stamped are invalid. General Practitioner stamps will not be accepted.

I certify that the above applicant holds a Medical Card/GP visit Card that is valid on 31st December 2011.

Name of HSE Official: _____
(block capitals)

Signature of HSE Official _____

Date: _____

HSE Official Stamp

*Applicants must return the completed Medical Card/GP visit Card Form to the Access Office, NUI Galway by 18th May 2012.

The NUI Galway Access Programmes Foundation Courses in Higher Education for Mature Students are aimed at students from socio economically disadvantaged backgrounds. Mature Students who present satisfactory evidence relating to their socio-economic circumstances and satisfy academic requirements are eligible to apply for a place on the Access Course.



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SOCIAL WELFARE FORM

Request for Information from the Department of Family and Social Protection (DSP)

Part 1: To be completed by the applicant.

Applicant's Name:	
Applicant's Date of Birth:	____ / ____ /19____
Applicant's PPS Number:	

Part 2: To be completed by DSP Official in Local Welfare Office

You can find details of local social welfare offices on www.welfare.ie or LoCall 180 662244

Applicants Name

PPS Number:

Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2011?

€

In receipt of means-tested social assistance for at least 26 weeks or 6 months in 2011?

Yes No

Name of Payments(s):

Payment 1	
Payment 2	
Payment 3	

*Excluding child benefit, early childcare supplement and supplements paid under the supplementary welfare allowance schemes.

Spouse/Partner Name

PPS Number:

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Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2011?

€

In receipt of means-tested social assistance for at least 26 weeks or 6 months in 2011?

Yes No

Name of Payments(s):

Payment 1	
Payment 2	
Payment 3	

*Excluding child benefit, early childcare supplement and supplements paid under the supplementary welfare allowance schemes.

All forms must be completed, signed and stamped by a DSP official. Forms that are not signed and stamped are invalid.

Name of DSP Official: _____
(block capitals)

Signature of HSE Official _____

Date: _____

DSP Official Stamp

*Applicants must return the completed Social Welfare Form to the Access Office, NUI Galway, by 18th May 2012.

The NUI Galway Access Course in Higher Education for Mature Students is aimed at students from socio-economically disadvantaged backgrounds. Mature Students who present satisfactory evidence relating to their socio-economic circumstances and satisfy academic requirements are eligible to apply for a place on the Access Course.