

Please attach
TWO passport
Size
photographs



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
School Leavers

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

Applications must be returned to the Access Office, National University of Ireland, Galway,
not later than Friday, **31st August, 2012.**

PART 1: ABOUT YOU

Please complete application form in BLOCK CAPITALS.

Surname: (as on Birth Certificate)				First Name(s): (as on Birth Certificate)	
Date of Birth: (as on Birth Certificate)	Day	Month	Year	Country of Birth:	
PPS Number:				Gender (please tick)	Male Female
Cao Number: (if applicable)					
Please enclose an <u>original copy</u> of 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: _____ Status in Process: _____					
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"/>					

Home Address:	Correspondence Address (until September 2012, if different):
House Name:	
Number of House:	
Address Line 1:	
Address Line 2:	
Address Line 3:	
Address Line 4:	
Area or town:	
County:	
Home Phone (must be filled in):	
Mobile Phone :	Email:

It is the responsibility of the applicant to ensure that the contact details provided above are correct and up to date.

Signature of applicant: _____ Date: _____

Employment

(Please start with most recent)

Place of work	Type of work	Dates	
		From	To

List your interests, hobbies, achievements and ambitions.

Parents/Guardians Names & Address:

PART 2: ABOUT YOUR SCHOOL

Second Level Attendance

Schools Attended	Dates of Attendance	
	From	To

Second Level Examinations – must be completed in full

	Junior Certificate		Leaving Certificate (Pre 2012)		Leaving Certificate 2012	
	Level of Exam	Grade /Mark	Level of Exam	Grade /Mark	Level of Exam	Grade/ Mark
Year of examination (State Year)						
Examination Number:						
Subjects:						
Irish						
English						
Maths						
History						
Geography						
French						
Spanish						
Physics						
Chemistry						
Biology						
Other						
Other						
Other						
CAO Points (total)						

Post-Secondary Education (if applicable)			
College/University Attended	Date of Attendance		Course Title
	From	To	Qualifications Attained

Involvement in NUI, Galway Access Programme

Give details of any involvement that you have had with the Access programme in NUI, Galway, e.g. visits to the University, Study Skills programme, Living Scenes project.

Yes **No** **If yes please give details below**

PART 3: SELECTION OF COURSE AND COURSE LOCATION

Did you apply to the National University of Ireland, Galway through C.A.O. / C.A.S.?

Yes No

If yes, please give details of the year(s) of application and the courses for which you applied:

Did you apply to the National University of Ireland, Galway through HEAR (Higher Education Access Route)? Yes No

If yes, please give details of the year(s) of application and the courses for which you applied:

Do you have a disability? Yes No

Did you apply to the National University of Ireland, Galway through DARE (Disability Access Route to Education)? Yes No

If yes, please give details of the year(s) of application and the courses for which you applied:

Are you presently attending a course? Yes No

If yes, please give details:

Do you consider you would satisfy the financial criteria for the Higher Education Grant 2011/2012?

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>)

Are you presently attending a course? Yes No

If yes, please give details:

This application form is for the Access Course for Higher Education – School Leavers in NUI Galway and the NUI Galway/Partnership Outreach Centres. Please indicate your preference using numbers '1', '2' etc in the boxes:

NUI Galway **St Angela's, Sligo** **Connemara/Gaeltacht**
Ballinasloe* **Longford *** **Ennis*** **Tullamore***

*(Contingent on funding and demand)

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

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

What would you hope to gain from this degree programme?

National University of Ireland, Galway

School-Leavers Access Course 2012/2013

Confidential Information

(To be completed by parent{s} or guardian. Please get their help to complete this part of the application form)
 This information will be used for the purposes of selection of students
 for the School-Leavers Access Course. Under no circumstances
 will it be disclosed to any other agency or body.

Section A: Details of Family

Please list everyone who is a member in your family including yourself, even if this person(s) does not normally reside in the family home.

Surname, First Name	Relationship to you	Date of Birth: DD/MM/Y R	Indicate (Yes/No) whether this person is currently resident in the family home	Highest Level of Education achieved to date. <small>(i.e. Primary Education, Group/Inter/Junior/Leaving Certificate, PLC, Adult Education, Certificate, Diploma, Degree, Master Programme, etc.)</small>	Current/Most recent occupation or current place of study: (name workplace or school/college attending)

- 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		Private rented accommodation	
Local Authority Tenant Purchase Scheme		Local Authority rented flat	
Local Authority rented housing		Other non-permanent accommodation (please give details)	

Section C: Children in the care of the Health Service Executive (HSE)

Some applicants are in the care of the Health Service Executive (HSE) eg foster children or separated children.

Are you in the care of the Health Service Executive (HSE)? **Yes** **No**

If **no** please continue to complete the rest of this application form.

If **yes** you do not need to complete section E and F of the application form or provide any supporting financial documents. But you must do four things:

1. Supply a letter from the HSE on HSE stationary detailing:
 - The date you were taken into the care of the HSE
 - The amount of income and/or type of support that the HSE provided to you/your foster family in the year ending 31st of December 2011.
2. Complete section D of this part of the form (Medical card/GP visit card).
3. Supply the completed references.
4. Please make sure you complete all other sections of the form.

Section D: Medical Card / GP Visit Card

<p>Do you or your parents/guardian(s) have a HSE medical card / GP visit card that is in date as of 31st December 2011? If yes, what kind of medical card?</p>	Yes <input type="checkbox"/> Medical Card <input type="checkbox"/>	No <input type="checkbox"/> GP Visit Card <input type="checkbox"/>
<p>If yes, please give number:</p>		

If **yes**, please take the Medical Card/GP Visit Card Form (at the back of the application form Page 12) to your HSE Local Health Office (office that issued the card) for completion.

The Medical Card/GP Visit Card Form must be returned to NUI, Galway Access Office before 5.00pm on 31st August 2012.

If you are also applying through HEAR (Higher Education Access Route) you may submit the HEAR medical card form directly to the CAO and submit a photocopy of this form to NUI, Galway Access Office.

**Section E: Particulars of income from paid employment
(including self-employment)**

If neither parent/guardian is in paid employment, please go to Section F

			Estimated total income for the year ended 31 st December, 2010		
	Father	Mother	Guardian 1	Guardian 2	Documents required
Occupation					N/A
Income from employment (e.g. PAYE - salary, wages, fees, etc.).					P21 for 2010
Income from pension (from former employer or pension scheme).					A letter from your parent(s)/guardian(s) last employer or body administering pension showing date employment ceased, gross amount of lump sum received in 2010, number of years in that employment and gross annual pension.
Income from self-employment.					Notice of Assessment for 2010
Income from land: profits from farming activities.					Notice of Assessment and Accounts for 2010
Redundancy: Notice of Redundancy					Form RPN50
Income from any other source. Please specify:					Relevant evidence

**Section F: Particulars of income from Department
Of Social & Family Affairs (DSFA)**

			Estimated total income for the year ended 31 st December, 2010		
	Father	Mother	Guardian 1	Guardian 2	Documents Required
DSFA – Unemployment Benefit					Social Welfare Statement (and P21 for 2010 if applicable)
DSFA – Unemployment Assistance (Short-term)					Social Welfare Statement (and P21 for 2010 if applicable)
DSFA – Unemployment Assistance (Long-term)					Social Welfare Statement (and P21 for 2010 if applicable)
DSFA – One Parent Family Payment					Social Welfare Statement (and P21 for 2010 if applicable)

DSFA – Pension Payment Please specify:					Social Welfare Statement (and P21 for 2010 if applicable)
DSFA – Family Income Supplement					Social Welfare Statement (and P21 for 2010 if applicable)
DSFA – Disability Benefit					Social Welfare Statement (and P21 for 2010 if applicable)
DSFA – Disability Allowance					Social Welfare Statement (and P21 for 2010 if applicable)
Other DSFA payment Please specify:					Social Welfare Statement (and P21 for 2010 if applicable)

*Complete the Social Welfare Form (Pages 13-14)

Other information on the financial circumstances of the family, including any regular outgoings such as rent, loans, mortgage or debt repayment.

Referees

This should include a reference from your school principal/year head/guidance counsellor.

Name:	
Address:	
Phone:	
Position:	

Name:	
Address:	
Phone:	
Position:	

Declaration
- to be signed by both the applicant and his/her parent/guardian

I certify that the information supplied is correct and complete.

Signature of parent/guardian: _____

Date: _____

Signature of applicant: _____

Date: _____

If you agree with all the statements listed below please tick all the boxes and sign your name. Unsigned applications are considered incomplete.

I certify that the information supplied in this application form is complete and correct.	Yes <input type="checkbox"/>
I agree that my financial details and supporting documents may be reviewed by an independent financial advisor and that they will be treated confidentially.	Yes <input type="checkbox"/>
I agree that my details can be reviewed in St. Angela's College, Sligo and Outreach locations if I have selected more than one location.	Yes <input type="checkbox"/>
If I have also applied through HEAR, I give permission for the outcome of my HEAR assessment (on all fixed indicators, plus my overall eligibility/ineligibility) to be shared with NUI Galway.	Yes <input type="checkbox"/>
I understand that some of my details on my application may be used for research purposes, but my name will never be used.	Yes <input type="checkbox"/>
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 Access Course.	Yes <input type="checkbox"/>

Signature of Applicant: _____
Date: _____

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 School Leavers was received on:</p>
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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 or is dependent on a parent/guardian who 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 NUI, Galway Access Office by 31st August 2012. If you are also applying through HEAR (Higher Education Access Route) you may submit the HEAR medical card form directly to the CAO and do not need to submit copies to NUI, Galway Access Programme.

The NUI Galway Access Programmes Foundation Courses in Higher Education for School-Leavers are aimed at students from socio economically disadvantaged backgrounds. School leavers 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 the applicant's Parent(s)/Guardian(s)'

I authorise the release of information outlined below for the purposes of assessing a NUI Galway Access Course Applicant.

Parent 1/Guardian 1 Signature

Parent 2/Guardian 2 Signature

Part 3: 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

Parent 1/Guardian 1 Name

PPS Number:

Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2010?

€

In receipt of means-tested social assistance for at least 26 weeks or 6 months in 2010?

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.

Parent 2/Guardian 2 Name

PPS Number:

Total Social Welfare Income on all social welfare schemes* paid to this PPS number in 2010?

€

In receipt of means-tested social assistance for at least 26 weeks or 6 months in 2010?

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 NUI, Galway Access Office by 31st August 2012. If you are also applying through HEAR (Higher Education Access Route) you may submit all financial documents directly to the CAO and do not need to submit copies to NUI, Galway School-Leavers Access Programme.

The NUI Galway Access Programmes Foundation Courses in Higher Education for School-Leavers are aimed at students from socio economically disadvantaged backgrounds. School leavers 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.