

CERTIFICATE IN LIFESKILLS STUDIES APPLICATION FORM

This application form is divided up into the following sections:



1. Personal Details



2. Education Background



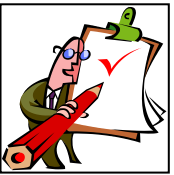
3. Employment Background



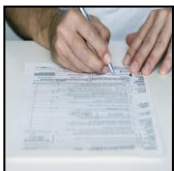
4. Hobbies and Interests



5. Interest in the Certificate in LifeSkills Studies Course



6. Referees



7. Declaration

All sections must be completed, either by you or by someone on your behalf



Section 1 Personal Details

PLEASE PRINT

Name	
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Date of Birth	Day	Month	Year
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Country of Birth	
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Gender (Please Tick)	Male	Female
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Home Address:	
Phone:	Mobile:
Email Address:	



Section 2 Education Background

Where did you go to School?

Please tick

I attended a primary school	
I attended a post primary school	
I attended a secondary school	
I attended a special school	
I have been awarded:	
Junior Cert	
Leaving Cert	
FETAC level	
Other (please specify)	
I am a mature student (23 years old or older)	

Other information on my Education:



Section 3 Employment Background

PLEASE TICK YES OR NO TO ANSWER THESE STATEMENTS:

Do you have a job?	YES	NO
Where do you work?		
Is it full time?		
Is it part-time?		
Have you ever had a job?		

If you would like to tell us any other information about your work life, please do so below.



What do you like to do in your spare time?

[illegible]



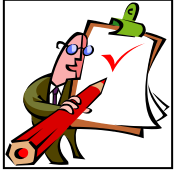
Section 5 Interest in the Certificate in LifeSkills Studies

The Certificate in LifeSkills Studies is for people with intellectual disability. Use the space below and extra pages if you need more, to tell us

WHY YOU THINK THIS COURSE IS SUITABLE FOR YOU

You can answer this question whatever way you like. Some suggestions are:

- Writing a short paragraph (if you have trouble writing you can ask someone to help you)
- Using art to describe your feelings
- Using a computer or photographs to express your thoughts on the question.



Section 6 Referees

A referee is a person who knows you in a professional way, somebody who is not a member of your family or a friend. He or she is someone who will confirm that you are suitable to undertake this module. You need two referees for this module, and you need to ask these people for permission to use their names.

Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:



Section 7 Declaration

I certify that all the information supplied above is correct and complete.

Signed: _____

Date: ____/____/2013

APPLICATION

I wish to apply for a place on the Certificate in LifeSkills Studies at St Angela's College, Sligo.

Please answer the question below

Do you attend a service provider/ agency? YES _____ NO _____

Name of Organisation: _____

Main Contact Person: _____

Please send your completed application form, along with

ONE PASSPORT PHOTOGRAPH

**BY 5.00 p.m. ON THE CLOSING DATE
FRIDAY 26th JULY**

to:

Chris Jackson
Department of Nursing, Health Sciences and Disability Studies
St Angela's College
Lough Gill
Co Sligo

THANK YOU!

