

Please attach  
TWO passport  
Size photographs



**APPLICATION FORM 2015-2016**

**Diploma in Foundation Studies: Access Courses for Higher Education  
School Leavers 2015-2016**

**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 28<sup>th</sup> August 2015.***

**PART 1: ABOUT YOU**

**Please complete application form in BLOCK CAPITALS.**

<b>Surname:</b> (as on Birth Certificate)				<b>First Name(s):</b> (as on Birth Certificate)	
<b>Date of Birth:</b> (as on Birth Certificate)	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>Country of Birth:</b>	
<b>PPS Number:</b>				<b>Gender</b> (please tick)	<b>Male</b>
<b>CAO Number:</b> (if applicable)					<b>Female</b>
<p><b>Please enclose an <u>original copy</u> of your Birth Certificate.</b>          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"/></p>					
<b>Home Address:</b>			<b>Correspondence Address</b> (until September 2015, if different):		
<b>House Name:</b>					
<b>Number of House:</b>					
<b>Address Line 1:</b>					
<b>Address Line 2:</b>					
<b>Address Line 3:</b>					
<b>Address Line 4:</b>					
<b>Area or town:</b>					
<b>County:</b>					
<b>Home Phone (must be filled in):</b>					
<b>Mobile Phone :</b>			<b>Email:</b>		

*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.

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Parent(s)/Guardian(s) Names & Address(es):

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**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 2015)		Leaving Certificate 2015	
Year of examination (State Year)						
Examination Number:						
<b>Subjects:</b>	<b>Level of Exam</b>	<b>Grade/Mark</b>	<b>Level of Exam</b>	<b>Grade /Mark</b>	<b>Level of Exam</b>	<b>Grade/Mark</b>
Irish						
English						
Maths						
History						
Geography						
French						
Spanish						
Physics						
Chemistry						
Biology						
Other						
Other						
Other						
CAO Points (total)						

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

**Involvement in NUI, Galway and/or St. Angela's College Access Programme**

Give details of any involvement that you have had with the Access programme in NUI Galway and/or St. Angela's College, Sligo e.g. visits to the University, Study Skills programme, Living Scenes project, Uni4U.

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:

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**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 course(s) for which you applied:

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**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:

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**Are you presently attending a course?**

Yes  No

If yes, please give details:

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**Do you consider you would satisfy the financial criteria for the Higher Education Grant 2015/2016?**

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>)*

**If selected for an Access course, which venue would you choose/be able to attend?**

*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 \*   
Clifden \*  Tuam\*

(\* 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?*

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**Personal Statement**

- As the Access programme, NUI, Galway deals with 'socio-economic disadvantage' we will be selecting people whose situation made it difficult for them to reach their full potential at the Leaving Certificate Examination.
- Please use the space below to explain how you might have been at a disadvantage (financial or other such reasons) and what might have helped you to achieve better results.
- If the space provided is inadequate, please enclose an additional page.
- Please ensure that the content of your statement is legible and typed where possible.
- It may help to consider the following questions, relating to your experience at second level:
  - What were your hopes for secondary school when you began?
  - What were you involved in and what did you most enjoy at school?
  - What did you find difficult at school?
  - What significant influences were there in your life during that period?
  - What are your hopes for the future?

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National University of Ireland, Galway  
**School-Leavers Access Course 2015/2016**

**Confidential Information**

(To be completed by parent(s) or guardian(s). 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/YR	Indicate (Yes/No) whether this person is currently resident in the family home	Highest Level of Education achieved to date. (i.e. Primary Education, Group/Inter/Junior/Leaving Certificate, PLC, Adult Education, Certificate, Diploma, Degree, Master Programme, etc.)	Current/Most recent occupation or current place of study: (Name, Job title, workplace or school/college attending)

- A dependent is: a sibling or foster child under the age of 16 years on 1<sup>st</sup> October 2015; **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 (Please check with Parent(s)/Guardian(s)).

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: 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 stationery 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 31<sup>st</sup> of December 2014.
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**

<b>Do you or your parents/guardian(s) have a HSE medical card / GP visit card that is in date as of 31<sup>st</sup> December 2014?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what kind of medical card?	Medical Card <input type="checkbox"/>	GP Visit Card <input type="checkbox"/>
<b>If yes, please give number:</b>		

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 28<sup>th</sup> August 2015.



**Section E: Socio Economic Group**

**1. Parent(s)/ Guardian (s) Employment Status**

**What is your parent(s)/guardian(s) present principal employment status? This means you should enter details that describe their main job and employment status. Please select one of the options below:**

- Only tick No contact whatsoever if you have never had any contact with your parent/guardian.
- Only tick Never worked if your parent/guardian has never had a job.
- If your parent/guardian works part-time or is on an employment scheme tick Working for payment of profit.

Status	Parent/Guardian 1	Parent/Guardian 2
Working for payment of profit	<input type="checkbox"/>	<input type="checkbox"/>
Never worked	<input type="checkbox"/>	<input type="checkbox"/>
Looking after home/family	<input type="checkbox"/>	<input type="checkbox"/>
Retired from employment	<input type="checkbox"/>	<input type="checkbox"/>
Unable to work due to permanent sickness/disability	<input type="checkbox"/>	<input type="checkbox"/>
Currently unemployed	<input type="checkbox"/>	<input type="checkbox"/>
No contact whatsoever	<input type="checkbox"/>	<input type="checkbox"/>

**2. Parent(s)/Guardian(s) Type of Employment**

If your parent/guardian is not working at present enter the details of the job in which they usually worked the most hours in the past.

Tick the type of employment your parent(s)/guardian(s) have or had in their current or last main job.

Type of Employment	Parent/Guardian 1	Parent/Guardian 2
Employee	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed (including farmer)	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employed (including farmer) with paid employees	<input type="checkbox"/>	<input type="checkbox"/>

**3. Write your parent/guardian's main job title.**

	Job Title
<b>Parent/Guardian 1</b>	
<b>Parent/Guardian 2</b>	

- You must give an accurate job title.
- If your parent/guardian is a member of the Gardaí, army or a clerical officer enter the rank or grade.
- If your parent/guardian is working in an employment scheme e.g. CE Scheme, enter CE Scheme worker under job title.
- If your parent/guardian is a full time student enter student.
- If your parent/guardian has never worked in paid employment enter Never Worked.
- If your parent/guardian is currently unemployed or looking after the home/family enter the title of the job in which they worked the most hours in the past. Do not enter Unemployed.

**Section F: 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 <sup>st</sup> December, 2013				
	Father	Mother	Guardian 1	Guardian 2	Documents required
Occupation					N/A
Income from employment (e.g. PAYE - salary, wages, fees, etc.).					P21 for 2013
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 2013, number of years in that employment and gross annual pension.
Income from self-employment.					Notice of Assessment for 2013
Income from land: profits from farming activities.					Notice of Assessment and Accounts for 2013
Redundancy: Notice of Redundancy					Form RP50
Income from any other source. Please specify:					Relevant evidence

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

	Estimated total income for the year ended 31 <sup>st</sup> December, 2013				
	Father	Mother	Guardian 1	Guardian 2	Documents Required
DSFA – Jobseeker’s Benefit					Department of Social Protection Statement (and P21 for 2013 if applicable)
DSFA – Jobseeker’s Assistance (Short-term)					Department of Social Protection Statement (and P21 for 2013 if applicable)
DSFA – Jobseeker’s Assistance (Long-term)					Department of Social Protection Statement (and P21 for 2013 if applicable)

<b>DSFA – One Parent Family Payment</b>					<b>Department of Social Protection Statement (and P21 for 2013 if applicable)</b>
<b>DSFA – Pension Payment</b> <i>Please specify:</i>					<b>Department of Social Protection Statement (and P21 for 2013 if applicable)</b>
<b>DSFA – Family Income Supplement</b>					<b>Department of Social Protection Statement (and P21 for 2013 if applicable)</b>
<b>DSFA – Disability Benefit</b>					<b>Department of Social Protection Statement (and P21 for 2013 if applicable)</b>
<b>DSFA – Disability Allowance</b>					<b>Department of Social Protection Statement (and P21 for 2013 if applicable)</b>
<b>Other DSFA payment</b> <i>Please specify:</i>					<b>Department of Social Protection Statement (and P21 for 2013 if applicable)</b>

\*Complete the Department of Social Protection Form (Pages 13-14)

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

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<b>Referees</b>
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This should include a reference from your school principal/year head/guidance counsellor.

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Position:</b>	

<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Position:</b>	

**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.	<b>Yes</b> <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.	<b>Yes</b> <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.	<b>Yes</b> <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.	<b>Yes</b> <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.	<b>Yes</b> <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.	<b>Yes</b> <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.**

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<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Your NUI, Galway Application Form for Diploma in Foundation Course: Access Course for Higher Education School Leavers was received on:</p>
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**NUI Galway**  
**OÉ Gaillimh**

# Request for Information from the Health Service Executive (HSE)

**Diploma in Foundation Studies: Access Courses for School Leavers 2015-2016**  
University Access Courses in NUI Galway, St. Angela's College, Sligo and Outreach Centres.

## MEDICAL CARD/GP VISIT CARD FORM

### Part 1: To be completed by the Applicant.

<b>Applicant's Name:</b>	
<b>Applicant's Date of Birth:</b>	___/___/19___
<b>Applicant's PPS Number:</b>	

### 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](http://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 was valid on 31<sup>st</sup> December 2014.**

<b>Name of HSE Official:</b> (Block Capitals)	<input type="text"/>
<b>Signature of HSE Official</b>	_____
<b>Date:</b>	___/___/20___
<b>HSE Official Stamp</b>	<div style="border: 1px solid black; border-radius: 15px; height: 150px; width: 100%;"></div>

\*Applicants must return the completed Medical Card/GP visit Card Form to the Access Office, NUI Galway by 28<sup>th</sup> August 2015. 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.





**NUI Galway**  
**OĒ Gaillimh**

# Request for Information

## from the Department of Social Protection (DSP)

**Diploma in Foundation Studies: Access Courses for Higher Education School Leavers 2015-2016**  
University Access Courses in NUI Galway, St. Angela's College, Sligo and Outreach Centres.

### DEPARTMENT OF SOCIAL PROTECTION FORM

#### Part 1: To be completed by the Applicant.

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

#### 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 an NUI Galway Access Course application.

\_\_\_\_\_  
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](http://www.welfare.ie) or LoCall 180 662244

<b>Parent 1/ Guardian 1 Name:</b>								
<b>PPS Number:</b>								
<b>Total Social Welfare Income on all social welfare schemes* previously paid to this PPS number in the year 2013?</b>	€							
<b>In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2013?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Name of Payments(s):</b>								
Payment 1								
Payment 2								
Payment 3								

\*Excluding child benefit, early childcare supplement and supplements paid under the Supplementary Welfare Allowance Schemes.

This is page 1 of a 2 page form. Page 2 must be completed, signed and stamped.

1/2

Parent 2/ Guardian 2 Name:

PPS Number: 

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Total Social Welfare Income on all social welfare schemes\* previously paid to this PPS number in the year 2013?

€

In receipt of means-tested social assistance payment(s) for at least 26 weeks or 6 months in the year 2013?

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.**

\*Applicants must return the completed Social Welfare Form to the NUI, Galway Access Office by 28<sup>th</sup> August 2015. 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.

Name of DSP Official:   
(Block Capitals)

Signature of DSP Official \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

DSP Official Stamp