



COURSE CHOICE

Selskar College may make adjustments to timetable and course content

Enter in order of preference titles of courses you wish to apply for :

1st Choice	<input type="text"/>	Course Code	<input type="text"/>
2nd Choice	<input type="text"/>	Course Code	<input type="text"/>

PERSONAL DETAILS

Failure to supply correct details could affect your application

First Name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	PPS Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Mother's First Name	<input type="text"/>
		Mother's maiden surname	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Birth	<input type="text"/>	Nationality	<input type="text"/>
Mobile No.	<input type="text"/>	Home No.	<input type="text"/>
Email address	<input type="text"/>	Next of Kin (First Name)	<input type="text"/>
		Next of Kin (Surname)	<input type="text"/>
		Next of Kin (Contact Number)	<input type="text"/>

EDUCATIONAL DETAILS

Last Post Primary School Attended	<input type="text"/>	Most recent examination taken <i>Please tick box</i>	Which year did you leave school?	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Junior/Inter Cert	<input type="checkbox"/> <input checked="" type="checkbox"/> YYYY	Do you have a Medical Card?
		Leaving Cert	<input type="checkbox"/> <input checked="" type="checkbox"/> YYYY	Yes <input type="checkbox"/> No <input type="checkbox"/>
		LCA	<input type="checkbox"/> <input checked="" type="checkbox"/> YYYY	Medical Card Number
		Other	<input type="checkbox"/> <input checked="" type="checkbox"/> YYYY	<input type="text"/>

The Department of Education and Skills provide assistance for learners with additional needs

Do you have any specific learning difficulty, disability, or medical condition that may impede your learning or which Selskar College should be aware of for Health and Safety Reasons? Yes No

If yes, please read **Information for Learners with Disabilities, Health Conditions and/or Specific Learning Difficulties** and submit a **Supplementary Application form** and required evidence with your application, both available from college office or www.selskarcollege.ie

STATUS

Please indicate current education/employment status

- At School Training (FÁS etc) VTOS or similar
 Unemployed (less than 6 months) Unemployed (more than 6 months) Other (please specify)

REFEREES

Please give the name of 2 referees. Selskar College reserves the right to contact referees for a confidential reference. In the case of applicants who have left school since 2012, one referee should be the Principal or a teacher from your post-primary school

Referee 1: Name

Title/Position

Address

Contact Number:

Referee 2: Name

Title/Position

Address

Contact Number:

GARDA VETTING

Do you consent to Garda Vetting?

Yes No

(This permits the college to forward details of Garda vetting disclosures to any potential employer)

DECLARATION & SIGNATURE

I undertake that, if accepted as a student of Selskar College, I will abide by the regulations and procedures of Selskar College and Waterford and Wexford Education and Training Board.

Signature

Date

Please return to:
**PLC Admissions Office,
Selskar College,
Westgate,
Wexford**

Telephone (053) 9122753 Fax (053) 9122315
Email: office@wexfordvc.ie
www.selskarcollege.ie