Mary Immaculate College

South Circular Road Limerick V94 VN26 Tel: 061 204 300



Pre-University Programme For Mature Learners

- 1. Please complete the form using Black Typeface (no need to print before completing)
- 2. Save the form once completed
- 3. Email your completed form (PDF File) to: Paul.OBrien@mic.ul.ie

PERSONAL DETAILS

Name:						
	Title	Forename(s) - please inc	lude Middle Nam	ne	Surname	
Name as on Birth Cert:						
PPS No:						
Home Address:						
Term Add (If Different):						
Contact Number:						
Email Address:						
Date of Birth:						
Country of Birth:			Nation	nality:		
Have you lived and/or worked in the For 3 of the last 5 years?	EU (Including Ire	land)	Lived:	Yes		No
			Worked:	Yes		Nο

Personal information collected by MIC is treated with the highest standards of security and confidentiality in accordance with the General Data Protection Regulations (GDPR). Data collected will be retained in line with MIC's Records Retention Schedule. By completing this form, you are requesting that your information is processed in line with college procedures for the purpose of the Pre-University Programme Application Form. Your privacy is important to us. For further information and full data privacy notice please click here.

PREVIOUS COURSES - SINCE LEAVING SCHOOL

What previous Courses have you attended

Name of Centre/Institution Attended	Course Title	Duration	Year Finished	Full/Part Time	Qualification (If awarded)

EMPLOYMENT EXPERIENCE

If you have worked outside the home, please list places of employment – most recent first:

Name & Address of Employer	From	То	Nature of Duties

Name any other relevant experiences, roles or responsibilities, paid or voluntary, that have given you skills which may be helpful in the area you are interested. What 3rd Level programme would you be interested in doing once you have completed the PUP programme? **DECLARATION** I declare that all the particulars supplied by me on this form are correct and that I will inform the College immediately if I decide not to proceed with my application at any time. Digital Signature: Date:

ADDITIONAL INFORMATION

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