



Coláiste Mhuire gan Smál, Luimneach
Mary Immaculate College, Limerick
- Ollscoil Luimnigh - University of Limerick -
Phone: 061 204300 Fax: 061 313632

**Special Entry Route into the Second Year of the BA in Early
Childhood Care and Education**

A Scheme to allow entry into second year of the BA Early Childhood for those applicants who possess the FETAC Level 6 award –Advanced Certificate in Supervision in Childcare or FETAC Level 6 Early Childhood Care and Education (6M2007)

Applicants must hold a full FETAC Level 6 Advanced Certificate in Supervision in Childcare or a full FETAC Level 6 Early Childhood Care and Education Award (6M2007)

A full award consists of 120 credits and 8 modules

Please Note:

Up to 10% of places will be available each year. If more than 10% wish to transfer, a selection procedure will be implemented. Garda clearance is required prior to registration.

Clóscríobh nó cinnlitreacha le do thoil. Ní mór an fhoirm seo agus an táille €50 mar aon le torthaí oifigiúla scrúduithe agus teastas breithe (cóipeanna), a sheoladh chuig Oifig Iontrála, Coláiste Mhuire Gan Smál, Luimneach, tráth nach déanaí ná: Beidh ar iarratasóirí teacht chun agallaimh.

Answers to be typewritten or in block letters. The completed application form together with receipt for payment of online application fee of €50 and certified examination results must be emailed to TaughtProgrammes@mic.ul.ie
Applicants may be required to present themselves for interview as outlined above.

SEORAÍ PEARSANTA/PERSONAL DETAILS

1. Gnáthainm/Customary Name: _____
 (a úsáidfeair ar gach taifead oifigiúil Ollscoile (to be used on all official University records) Sloinne/Surname Céad Ainm(neacha)/Forenames

2. Ainm ar an Teastas Breithe/ Name as on Birth Certificate: _____
 Sloinne/Surname Céad Ainm(neacha)/Forenames

3. Seoladh le haghaidh comhfreagrais/ Address for correspondence: _____

4. Seoladh Baile/Home Address: _____
 (más éagsúil ó 3/if different from No.3) _____

5. Téileafón/Contact Tel. No(s): _____

6. Dáta Breithe/Date of Birth: _____

7. Má rinne tú iarratas cheana ar áit sa Choláiste seo inis an bhliain: _____
 If you previously applied to the College, state year and course:

8. Oideachas Dara Leibhéil/Second Level Education

| Ainm agus Seoladh na Scoileanna Names and Addresses of Schools attended | Years of Study Blianta Staidéir | |
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| | ó/from | go/to |
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| Ard Teist nó Scrúdú Ceann Cúrsa/ L.Cert or Final Exams. taken | Scrúd-uimhir Exam. Nos. | Dátaí na Scrúduithe Exam. Dates | Na hábhair ar éirigh leat iontu Subjects Passed | Leibhéal Level | Toradh agus Gradam <u>Result</u> Grade or Mark |
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9. Oideachas Tríú Leibhéal/Third Level Education

| Ainm agus Seoladh an Choláiste Name & Address of Institution Attended | Blianta Staideir Years of Study | | Na Cúrsaí a lean tú Courses Taken | Cálíocht a fuair tú Qualification Obtained | Grád na Céime Class of Qualification |
|---|------------------------------------|----|--------------------------------------|--|--|
| | from | to | | | |
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Scrúduithe a dhéanfaidh tú i mbliana/Examinations being taken in current year:

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*Ní mór torthaí oifigiúla (cóip) de na scrúduithe a dhéanfaidh tú I mbliana a sheoladh chuig an gColáiste a luaithe agus is féidir.
Confirmed results of examinations taken in current year to be forwarded as soon as possible.
(Copies only).*

10. CÚNTAS FOSTAÍOCHT/EMPLOYMENT EXPERIENCE

An Fhostaíocht is déanaí ar dtús /Most recent employment first):

| Ainm agus Seoladh an Fhostóra Name & Address of Employer | ó/from | go/to | An Saghas Oibre Nature of Duties |
|---|--------|-------|-------------------------------------|
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11. SEORAÍ PEARSANTA EILE (leathnach breise más gá)

FURTHER PERSONAL DETAILS: *(you may attach an extra page if necessary)*

Fáisnéis maidir le spéiseanna; na fáthanna ar mhaith leat an cúrsa a roghnú; breithiúnas ort féin maidir le hoiriúntacht don chúrsa sin; míchumas de chinéal ar bith a éilíonn coinníollacha ar leith.

Special interests, motivation for your choice of degree course; an evaluation of your suitability for the course; any disability or condition of health which would require the provision of special facilities.

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12. Ainm, seoladh agus uimhir theileafóin bheirt a bheadh sásta tuair cháilíochta a thabhairt i do leith / Name, Address and Telephone No. of two referees:

| 1. | 2. |
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13. DEARBHÚ/DECLARATION

Dearbhaím gur fíor chomh fada agus is eol dom na freagraí atá tugtha agam thuas. Má thagann athrú intinne orm maidir leis an iarratas seo cuirfidh mé in iúl don Choláiste láithreach é.

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.

Gnáthshíniú/Signature: _____

Dáta/Date: _____