

Teacher Education Access Programme For Mature Learners

1. Please complete the form using Black Typeface (*no need to print before completing*)
2. Save the form once completed – *before adding the photo*
3. Please add a photo, use a saved photo or if unable to add, please attach/insert photo file to email

PERSONAL DETAILS

Name:

Title

Forename

Surname

Name as on Birth Certificate:

PPS Number:

Address for Correspondence:

Contact Number(s):

Email Address:

Date of Birth:

Nationality:

Have you lived and/or worked in the EU
For 3 of the last 5 years

Lived:

Yes

No

Worked:

Yes

No

SECOND LEVEL EDUCATION

Please list Second Level Education Details
 (Please note that state examination results must be supplied and verified by a member of An Garda Síochána or a Commissioner for Oaths)

Names and Addresses of Schools attended	Years of Study	
	From	To

Examinations	Year of Examination	Subjects Passed	Level	Grade or Mark

Please list Leaving Certificate examination subjects being taken in the current year – if applicable

PREVIOUS COURSES – SINCE LEAVING SCHOOL

Have you had the opportunity to attend a course following second level education?

☐ Yes ☐ No

If Yes, please give details below

Previous Courses Attended

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

MOTIVATION

Why do you wish to take this course?
What are your aspirations with reference to Third Level education?

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Name & Address of Employer	From	To	Nature of Duties
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[illegible]

REFERENCES

Please give Name, Address and Telephone Number and Email Address of two referees:

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
Tel No:		Tel No:	
Email:		Email:	

ADDITIONAL INFORMATION

Please give any additional information you would like to add to support your application

Where did you hear about the 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:

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 Teacher Education Access Programme Application Form. Your privacy is important to us. For further information and full data privacy notice please click [here](#).