

Finn Valley College

Drumboe Lower, Stranorlar, Co. Donegal Tel. 074 9131684 E: finnvalleycollege@donegaletb.ie

PLC Course - Early Childhood Care 5M2009

Applicant's Surname Address			
 Tel:	_		
Email			
PPS No	Medical Card		
Mother's Name Mother's Maiden Name			
Father's Name		Tel:	

Educational History

Name of school where LC/LCVP/LCA sat (and Year)	School: Year:
Other relevant educational experience	

Educational Attainment

Programme	LCVP / LC / LCA / Other		
Subject	Level	Grade Obtained	



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My Choice of Course

Reasons why I chose this course:

College / Career Goals

College Course / Care	er you intend to pursue	
Vork Experience (Plea	ase list below any work experience rele	evant to your application)
Name of Employer	Nature of duties	Duration of Employment

Achievements (Both in and outside of school)

Interests / Hobbies

Additional Educational needs

Did you have (or do you currently have) any additional educational needs that might require that Finn Valley College seek to put in place additional supports for you? This might include physical, health or learning difficulties or other needs that you feel we should be aware of.



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Other relevant information

Declaration of Consent

I ______ have read and understood the Finn Valley College PLC Enrolment policy. I hereby agree to adhere to the terms of the PLC Enrolment policy and the Finn Valley College Code of behaviour.

I also undertake to adhere to the PLC Attendance policy.

I understand that I will be required to undergo the vetting procedure operated by Donegal ETB. I confirm that there is no reason to the best of my knowledge why there would be any difficulty with this vetting process.

For students over 18

I do / do not want my parents / guardians informed of my progress, attendance and attainment. (Please score out that which does not apply)

Signed ______

Signed: _____

Date		

Signed _____

Date_____

Parent / Guardian if Applicant not over 18