

Address

Finn Valley College

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

PLC Course - Sports Recreation and Exercise 5M5146

Applicant's Surname ______First Name_____

 Tel:			
Email			
PPS No	Medical Card		
Mother's Name			
Mother's Maiden Name			
Father's Name		Tel:	
	Educational His	story	
Name of school where LC/LCVP/LCA sat (and Year)	School: Year:		
Other relevant educational experience			
	Educational Attain	nment	
Programme	LCVP / LC / LCA / Other		
Subject	Level	Grade Obtained	



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My Choice of Course

Reasons why I chose this co	urse:			
	College / Ca	reer Goals		
College Course / Career you intend to pursue				
Work Experience (Plea	se list below any work exper	ience relevant to your	application)	
Name of Employer	Nature of duties		Duration of	
Name of Employer	nature or duties		Employment	
			1 ,	

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 policy. I hereby agree to adhere to the terms of the PLC E College Code of behaviour.	e Finn Valley College PLC Enrolment Enrolment policy and the Finn Valley		
I also undertake to adhere to the PLC Attendance policy.			
I understand that I will be required to undergo the vetting p confirm that there is no reason to the best of my knowled with this vetting process.			
For students over 18			
I do / do not want my parents / guardians informed of my (Please score out that which does not apply)	progress, attendance and attainment.		
Signed			
Signed:	Date		
Signed	Date		
Parent / Guardian if Applicant not over 18			