


**FOR OFFICE USE ONLY, UL ID NUMBER**


Please refer to the **Application Guidelines** before completing this form. **Completed forms** to be returned to:  
**Department of Lifelong Learning, University of Limerick, Limerick.**

Tel: 061 202530 / 2047. Email: [lifelonglearning@ul.ie](mailto:lifelonglearning@ul.ie). Web: [www.ul.ie/dllo](http://www.ul.ie/dllo)

**1. COURSE CHOICE(S)**

1st Preference:

2nd Preference:

**2. CONTACT DETAILS**

LAST NAME:

FIRST NAME(S):

 NAME ON BIRTH CERTIFICATE  
 IF DIFFERENT FROM ABOVE:

TITLE MR/MRS ETC.

GENDER

 F ☐

 M ☐

PERMANENT ADDRESS:

  
  


ADDRESS FOR CORRESPONDENCE (IF DIFFERENT):

  
  


TELEPHONE: (DAY)

TELEPHONE: (EVENING)

MOBILE:

E-MAIL:

DO YOU WISH TO RECEIVE SMS TEXT MESSAGES?:

 Y ☐

 N ☐
**3. DATE OF BIRTH & PPS NUMBER**

DATE OF BIRTH (DDMMYY)

PPS NO:

**4. NATIONALITY, COUNTRY OF BIRTH & EU FEE STATUS**

NATIONALITY

COUNTRY OF BIRTH:

EU FEE STATUS:

 Yes ☐

 No ☐

 Ref: [www.ul.ie/finance/fees.php](http://www.ul.ie/finance/fees.php)

Have you previously applied to UL?

If yes, state year and course applied for:

FORMER UL ID NUMBER (if known):

## 5. ACCREDITED THIRD LEVEL EDUCATION: CERT, DIP, DEGREE ETC..

(You may attach an extra page if you need to include other third level qualifications)

NAME & ADDRESS OF INSTITUTION	COURSE TITLE:
	Qualification Obtained:
	Class of Qualification (e.g. 1st, 2.1, Distinction, Merit, Pass etc..)
Years of Study: From: To:	National Framework Qualification Level, if known. (i.e. 6, 7, 8)

NAME & ADDRESS OF INSTITUTION	COURSE TITLE:
	Qualification Obtained:
	Class of Qualification (e.g. 1st, 2.1, Distinction, Merit, Pass etc..)
Years of Study: From: To:	National Framework Qualification Level, if known. (i.e. 6, 7, 8)

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Years of Study: From: To:	National Framework Qualification Level, if known. (i.e. 6, 7, 8)

DETAILS OF EXAMINATIONS TO BE TAKEN OR RESULTS PENDING:

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## 6. SECOND LEVEL EDUCATION

Give details if you have no formal, accredited third level qualifications.

QUALIFICATION	SUBJECTS (INC. LEVEL)	MARK/GRADE
NAME & ADDRESS OF SCHOOL (inc. country)		
DATES: FROM TO		

## 7. NON-ACCREDITED COURSES (IF APPLICABLE / RELEVANT)

Please give details of relevant non-certificate/extra manual courses you have completed or are currently attending, e.g. personal development arts and crafts, creative writing etc.

COURSE TITLE	NAME AND ADDRESS OF INSTITUTION	DATES FROM TO

## 8. ENGLISH LANGUAGE PROFICIENCY (IF APPLICABLE)

If English is not your 1st language you must provide evidence of English Language competence. Please give details of the English Language Qualification(s) you hold and submit with your Application.

EXAMINATION	GRADE

9. EMPLOYMENT

Present or most recent employment to be listed first.

1. JOB TITLE ..... DATES: FROM ..... TO ..... NAME & ADDRESS OF EMPLOYER: ..... ..... ..... ..... ..... .....	Nature Of Work / Responsibilities / Skills: ..... ..... ..... ..... ..... ..... ..... .....
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2. JOB TITLE ..... DATES: FROM ..... TO ..... NAME & ADDRESS OF EMPLOYER: ..... ..... ..... ..... ..... .....	Nature Of Work / Responsibilities / Skills: ..... ..... ..... ..... ..... ..... ..... .....
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3. JOB TITLE ..... DATES: FROM ..... TO ..... NAME & ADDRESS OF EMPLOYER: ..... ..... ..... ..... ..... .....	Nature Of Work / Responsibilities / Skills: ..... ..... ..... ..... ..... ..... ..... .....
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### SUMMARY LIST OF OTHER, PREVIOUS EMPLOYMENT:

Names & Addresses of Employers	Job Title:	Dates From:	To:

## 10. PARTICULAR ABILITIES / HOBBIES / INTERESTS

In the space below outline any special aptitudes and/or knowledge gained from your hobbies/interests


## 11. REFERENCES

Please give details of 2 persons, not related to you, whom the University may approach for references

Name: .....	Name: .....
Company: .....	Company: .....
Address: .....	Address: .....
.....	.....
.....	.....
Position: .....	Position: .....
Telephone: .....	Telephone: .....

Please use this space to include information which may support your application, e.g. nature of work experience; reasons for applying to the University etc. You may attach an extra page if necessary.

- ☐ Return the completed, signed & dated application form. (You are advised to keep a copy for your records).
- ☐ Application Fee
- ☐ Copy of certified examination results
- ☐ Copy of Passport, Driving Licence or Birth Certificate
- ☐ Recognition of Prior Learning (RPL) Form, if applicable to the course
- ☐ EU Fee Status documentation, if applicable. (Ref: <http://www.ul.ie/finance/fees.php>)
- ☐ Include a copy of medical/disability documentation. (Only for applicants with a disability who require specific support).
- ☐ Copy of English Language proficiency, if applicable.

## DATA PROTECTION/PRIVACY STATEMENT

### **Applicant Declaration**

### Consent to verify qualifications/work experience

**Signed:**

\_\_\_\_\_

\_\_\_\_\_

This application is an expression of interest in a course(s) for which you have applied. It does not constitute a contract between the applicant and the University. It is practice to destroy all documents relating to unsuccessful applications at the end of current academic year. Unsuccessful applicants who wish to receive feedback on their application are required to make a written request to the Dept. of Lifelong Learning, University of Limerick, Limerick.

# OFFICE USE ONLY

## To be completed by Course Director

NAME OF APPLICANT:	ID NO:
COURSE APPLIED FOR:	

## SECTION 1: Assessment of Application

IS THIS APPLICANT TO BE INTERVIEWED?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
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## SECTION 2: Offer

IS THIS APPLICANT TO BE OFFERED A PLACE?:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF CONDITIONAL PLEASE STATE CONDITIONS: .....		
.....		
.....		

## SECTION 3: Application unsuccessful for the following reasons: (Please tick the appropriate reason)

DOES NOT MEET THE ACADEMIC REQUIREMENTS (IF APPLICABLE)	<input type="checkbox"/>
UNSUCCESSFUL IN AUDITION/PORTFOLIO	<input type="checkbox"/>
INSUFFICIENT RELEVANT WORK/LIFE EXPERIENCE	<input type="checkbox"/>
LIMITED NUMBER OF PLACES WERE AVAILABLE ON THE PROGRAMME AND DUE TO THE HIGH STANDARD OF APPLICATIONS, APPLICANTS WERE RANKED BASED ON ACADEMIC AND PROFESSIONAL EXPERIENCE AND PLACES WERE ALLOCATED ACCORDINGLY. UNFORTUNATELY BASED ON RANKING, APPLICANT WAS NOT ALLOCATED A PLACE ON THE PROGRAMME ON THIS OCCASION.	<input type="checkbox"/>
NO SHOW FOR INTERVIEW	<input type="checkbox"/>
OTHER (PLEASE SPECIFY); .....	
.....	
.....	

## SECTION 4: Comments/Notes

.....
.....
.....

## SECTION 5: AUTHORISATION BY COURSE DIRECTOR

SIGNED			
NAME (PLEASE PRINT)		DATE: DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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NO SHOW FOR INTERVIEW	<input type="checkbox"/>
OTHER (PLEASE SPECIFY); .....	
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## SECTION 4: Comments/Notes

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## SECTION 5: AUTHORISATION BY COURSE DIRECTOR

SIGNED			
NAME (PLEASE PRINT)		DATE: DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	