



# Carlow Institute of Further Education

Kilkenny Road  
Carlow  
www.carlowife.ie

Principal: Ms. Markita Mulvey  
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AFFIX  
PHOTO  
HERE

## REPEAT LEAVING CERTIFICATE: APPLICATION FORM 2012/2013

**APPLICATION FEE €25 payable by Bank Draft / Postal Order  
to be submitted with application form. (Application cannot be processed without payment)**

**All sections of this form must be completed in BLOCK CAPITALS**

### Personal Details:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ PPSN: \_\_\_\_\_

(Required by Dept. of Education & Science)

Tel (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Medical Card: Yes  No  Medical Card No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Parent/Guardian/Next of Kin: \_\_\_\_\_ Mothers Maiden Name: \_\_\_\_\_

(Required by Dept. of Education & Science)

### Educational Background: (please tick all relevant categories)

Primary <input type="checkbox"/>	<b>Exams Completed:</b>	Group Certificate <input type="checkbox"/>
PLC / Further Education <input type="checkbox"/>		Junior / Inter Certificate <input type="checkbox"/>
Apprentice or FÁS <input type="checkbox"/>		Leaving Certificate <input type="checkbox"/> Year _____
		Leaving Certificate Applied <input type="checkbox"/> Year _____
Other (please give details) <input type="checkbox"/>	_____	

**Please state details of most recent examination:** Examination: \_\_\_\_\_ Year: \_\_\_\_\_

### Most recent Second Level School attended:

Number of years in second level school(s): (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School Roll No.: (available from your school office) \_\_\_\_\_

### Status on 30<sup>th</sup> September 2010:

Please indicate your status on 30<sup>th</sup> September 2010 by ticking box below:

Carlow Vocational School student <input type="checkbox"/>	CIFE student <input type="checkbox"/>
Student in other school <input type="checkbox"/>	Employed <input type="checkbox"/>
Unemployed <input type="checkbox"/>	Other <input type="checkbox"/>
Trainee / Apprentice <input type="checkbox"/>	

**Employment:**

Please state your most recent employment:

Place of Employment	Status	Duration

**Medical/Additional Needs:**

\*Have you any illness, disability or additional need which may impede your learning or which we need to be made aware of for health and safety reasons?

Please indicate by ticking box:

Yes  No

If "yes", state condition below: *(Details will be treated in confidence)*

Condition: \_\_\_\_\_

**\*For additional information refer to General Information on page 1 of this prospectus.**

I consent to the transmission of personal data to the Department of Education & Skills for statistical purposes.

Please indicate by ticking box:

Yes

*This is a list of subject choices for your course. Please circle the subjects you intend to study over the coming year. You may choose **only one** subject from each group. If you circle more than one, this will delay your application.*

Group A	English (H)	Music	Engineering	Chemistry
Group B	Accounting	History	Physics	Design & Communications Graphics (DCG)
Group C	Biology (H)	Biology(O)	Business	Latin
Group D	Ag. Science	Geography	Business	Irish (O)
Group E	French (O)	French (H)	English (O)	Spanish
Group F	Home Ec.	German	Maths (O)	Maths (O)
Group G	Irish (O)	Economics	Irish (H)	Art
Group H	Maths (O)	Maths (H)	Construction	
Group I	Link Module			

**Classes will commence subject to demand.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- *Application Fee €25 (Application received without payment will not be processed).*
- *Please enclose a copy of current medical card, any examination results and passport-sized photo.*
- *Please return to Carlow Institute of Further Education, Kilkenny Road, Carlow.*