

Lifelong Learning Application Form



Ollscoil
Teicneolaíochta
an Atlantaigh

Atlantic
Technological
University

If you have ever been registered for a course in LYIT quote your student /ID Number and the latest calendar year you attended LYIT:

ID NUMBER:

--	--	--	--	--	--	--	--	--	--

YEAR

--	--	--	--

Section One: Personal Details *(please complete in block capitals)*

Surname:

--

First Name(s):

--

Address:

Eircode*:

--

*required for all Republic of Ireland addresses. Eircode can be obtained at <https://finder.eircode.ie/#/>

Email Address:

--

Mobile Phone Number:

--

Country of Birth:

--

Nationality:

--

Gender:

Male

☐

Female

☐

Undeclared

☐

Date of Birth: (ddmmyy):

--	--	--	--	--	--

PPS Number:

--	--	--	--	--	--	--	--	--	--

*required for all Irish domiciled students

Medical or Learning
Disability

--

Section Two: Course Title

Preference No.	Course Title (Full course title as per LYIT Website/Prospectus)	Course Code	Course Year	ACCS Applicants (tick here)
1	Certificate in Enterprise & Community Development		2023	<input type="checkbox"/>
2				<input type="checkbox"/>

Section Three: Previous Third Level Education (Higher Education) (if applicable)

Please list your qualifications in order of completion (most recent first).

Higher Education Institution Attended	Years of Study (From To) (MM/YY)	Full Award Title	Award Type (e.g. Ord Degree Level 7; Hons Degree Level 8; Masters Level 9)	Overall Result (if known)

Attach transcripts of results for qualifications

Section Four: Fee Payment by Employer/Other (if applicable)

If your fees are being paid by your employer or another organisation, please insert details below.

Employer/Organisation:

Attach a statement from the relevant organisation stating they are paying your fees.

Section Five: Confidentiality & Data Protection Statement

The information you provide on this form will be used to administer your application for a programme and, should you be successful, will form the basis of your student record. Some data submitted, including PPSN, may be used for the purpose of statutory and other returns required by the Department of Education or Higher Education Authority and may also be released to the Department of Social Protection in connection with their Anti-Fraud checks. Additional information or documents may be requested to process the application and verify information submitted.

By ticking the box opposite you agree that:

☐

- (i) ATU & Equal Ireland may process your personal information;
- (ii) All information entered on this form is true, accurate and complete.

Signature of Applicant: _____

Date: _____

Application Form Guidelines

Please read carefully before completing this application form.

1. This application form needs to be completed by applicants applying for Direct Entry to programmes of 60 ECTS or less (Minor and Special Purpose Awards).
2. If you have a disability, a significant ongoing illness and/or specific learning difficulty you are encouraged to indicate this on the appropriate section of the application form. This will allow us to plan and consider, in consultation with you, any reasonable accommodations that we can make. (Please note that disclosure of a disability and/or specific learning difficulty will not adversely affect your application in any way.)
3. Supporting Documentation: Please enclose certified copies of any Higher Education qualifications or transcripts of results with your application. Do not send original documents as any documentation submitted will not be returned.

Please return the completed application form together with supporting documentation: by email to sinead@equalireland.ie

Tá cóip den doiciméid seo ar fail i nGaeilge freisin