



MARINE AND COUNTRYSIDE GUIDING CERTIFICATE APPLICATION FORM

1. PERSONAL DETAILS

NAME: _____

ADDRESS: _____

HOME TELEPHONE _____ MOBILE NO. _____

COUNTRY OF BIRTH _____ NATIONALITY _____

DATE OF BIRTH _____ PPS NO. _____

2. EDUCATION

Schools/Colleges	From	To	Examinations	Qualification Obtained

3. WORK EXPERIENCE

NAME AND ADDRESS OF PRESENT EMPLOYER

TITLE _____

DATE OF COMMENCEMENT _____

DUTIES _____

PREVIOUS WORK EXPERIENCE _____

4. HAVE YOU HAD TRAINING WITHING ANGLING, MARINE, SAFETY, HILL WALKING, TOURISM OR ANY OTHER RELEVANT AREAS?

TYPE OF TRAINING	DATE		CERTIFICATION
	FROM	TO	

5. PLEASE EXPLAIN WHY YOU WISH TO BECOME A PARTICIPANT ON THIS PROGRAMME

THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FORM IS ACCURATE AND CORRECT.

SIGNED: _____ **DATE:** _____

Please forward completed form as soon as possible to:

Admissions, School of Tourism, Shore Road, Killybegs, Co Donegal

Phone: (074) 9186600

Fax: (074) 9186601