



MARKETING FOR SMALL TOURISM ENTERPRISES APPLICATION FORM

1. PERSONAL DETAILS

SURNAME: _____ FIRSTNAME: _____

ADDRESS: _____

HOME TELEPHONE _____ MOBILE NO. _____

COUNTRY OF BIRTH _____ NATIONALITY _____

DATE OF BIRTH _____ PPS NO. _____

2. EDUCATION

Schools/Colleges	From	To	Examinations	Qualification Obtained

3. OTHER FÁILTE IRELAND/ ADULT TOURISM COURSE(S) COMPLETED

Course Name	Year



4. WORK EXPERIENCE

NAME AND ADDRESS OF PRESENT EMPLOYER

TITLE _____

DATE OF COMMENCEMENT _____

DUTIES _____

PREVIOUS WORK EXPERIENCE _____

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