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Fáilte Ireland

National Tourism Development Authority

Student Application Form

Professional Cookery – Nine Month Intensive Learning Programme

Student / Applicant

Name of Establishment you work in (if applicable): _____

Surname: _____ First Name: _____

Date of Birth: _____ Nationality: _____ Gender: _____

PPS Number: _____

Home Address: _____

Home Telephone: _____ Mobile: _____

Email Address: _____

Employment History

From	To	Employer's Name & Address	Positions Held

Education Details

From	To	Name of School/College	Qualifications Obtained

Have you participated in any culinary/professional cookery programme? Yes No

If yes, please specify: _____

Other achievements: _____

Current Employer (if applicable)

Name of Establishment in which you are employed: _____

Employer's Name and Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Student/Applicant Signature _____ Date _____

Please forward completed Application Forms to:

Admissions
School of Tourism
Letterkenny Institute of Technology
Shore Road
Killybegs
Co Donegal

Tel No (074) 9186600

Fax No (074) 9186601

Web Site www.lyit.ie