**Modular Programmes**

**Application Form**

**(July Stimulus)**

*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/#/*](https://finder.eircode.ie/#/) |
| **Email Address:** |       |
| **Mobile Phone Number:** |       |
|  |  |
| **Country of Birth:** |       |  | **Nationality:** |       |
| **Number of Years resident in EU** |       |  |  |  |
|  |  |  |  |  |
| **Gender:** | Male | [ ]  | **Female** | [ ]  |
|  | Undeclared | [ ]  |  |  |
|  |  |
| **Date of Birth: (ddmmyy):** |   |   |   |   |   |   |  |  |
|  |  |  |  |  |  |  |  |
| **PPS Number\*:** |   |   |   |   |   |   |   |   |   |
| *\*required for all Irish domiciled students* |
| **Medical or Learning Disability** |       |

**Section Two: Programme Choice**

**Applicants may apply for a maximum of 3 courses. Please list your preferences**

|  |  |
| --- | --- |
| **Preference****No.** | **Course Title** ***(Full course title as per LYIT Website/Prospectus)*** |
| 1. |       |
| 2. |       |
| 3. |       |

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

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

**Note: Official Transcripts of results of relevant qualifications must also be ATTACHED.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: Relevant Work Experience**

**Employer One (if applicable)**

|  |  |
| --- | --- |
| **Name of Employer:***(state Self if Self Employed)* |       |
| **Address:** |       |
|  |       |
| **Phone Number:** |       |
| **Position Held:** |       |
| **Dates of Employment (mmyy):** | **From** |       | **To** |       |
| **Full/Part Time** | **Full Time** | [ ]  | **Part Time** | [ ]  |
| **Brief Description of Duties:** |       |

**Employer Two (if applicable)**

|  |  |
| --- | --- |
| **Name of Employer:***(state Self if Self Employed)* |       |
| **Address:** |       |
|  |       |
| **Phone Number:** |       |
| **Position Held:** |       |
| **Dates of Employment (mmyy):**  | **From** |       | **To** |       |
| **Full/Part Time** | **Full Time** | [ ]  | **Part Time** | [ ]  |
| **Brief Description of Duties:** |       |

**Section Five: Applicant Type**

Please tick the relevant box below to outline which type of applicant you are.

|  |  |
| --- | --- |
| **Unemployed:** Be in receipt of one of the following payments from the Department of Social Protection: Jobseekers Benefit, Jobseekers Allowance, One Parent Family, Disability Allowance, Qualified Adults of Working Age, Carers Allowance, Farm Assist/Fish Assist, Widow's, Widower's or Surviving Civil Partner's Contributory or Non-contributory Pension, Blind Pension, Deserted Wives Allowance OR be signing for social insurance contribution credits | [ ]  |
| **Returners:** Returners are those who are not in receipt of a payment from the Department of Employment Affairs and Social Protection but who have been out of the work environment for a number of years due to childcare or other caring obligations. They have a previous history of employment but may require upskilling, reskilling or cross-skilling to transition back to the workforce.  To be eligible the applicant must have been A Homemaker or on other caring duties for a minimum period of 9 of the previous 12 months prior to their application   | [ ]  |
| **Employed:**Employed applicants are those who can demonstrate that they are currently in employment. Employments will be liable for the 10% course fee. | [ ]  |
| **Formerly Self-employed:**is someone who is no longer trading as self-employed individualApplicants will be required to pay 10% of the course fee.  | [ ]  |

Note all applicants must be ordinarily resident in an EU/EEA/UK/Swiss state for at least three of the five years preceding their entry to the programme and must also satisfy Nationality Requirements.

**Section Six: 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: [ ]

1. LYIT may process your personal information;
2. All information entered on this form is true, accurate and complete.

|  |
| --- |
| **Please return the completed application form together with necessary supporting documentation (outlined overleaf):** by email to julystimulus@lyit.ie  |

**Documentation Checklist**

The following documentation must be supplied along with your application. **Please tick the relevant documentation included.** Applications will not be assessed where relevant documentation is not supplied. Note – documentation must be supplied for each of A, B and C. If applicable, documentation must also be supplied for D.

|  |
| --- |
| **A: Nationality** |
| * Applications for admission to Springboard+ courses (Incl. the ICT Skills Programme) should be accepted from suitably qualified applicants who hold EU/EEA/UK/Swiss nationality in their own right or
 | [ ]  |
| * Persons who have official refugee status in this State. Time spent from date of official lodgement of application papers for refugee status will be included for the purpose of meeting the three-year residency requirement; or
 | [ ]  |
| * Family members of a refugee who are granted permission by the Minister for Justice and Law Reform to enter and reside in the State under Section 18 of the Refugee Act 1996; or
 | [ ]  |
| * Persons who have permission to remain in the State as a family member of a Union citizen under the provisions of the European Communities (Free Movement of Persons) Regulations 2006 and 2008 and Directive 2004/38/EC of the European Parliament and of the Council; or
 | [ ]  |
| * Persons who have been granted Humanitarian Leave to Remain in the State (prior to the Immigration Act 1999); or
 | [ ]  |
| * Be a person in respect of whom the Minister for Justice and Law Reform has granted permission to remain following a determination not to make a deportation order under section 3 of the Immigration Act 1999 or;
 | [ ]  |
| * Be a non-EU/non-EEA/non-UK/non-Swiss citizen legally entitled to work full time in Ireland without having to seek an employment permit. These residents may be here as the spouse/civil partner or family member of an Irish or EU citizen and will have Stamp 4 or Stamp 4 EU FAM on their residence cards from Garda National Immigration Bureau.
 | [ ]  |
| **B: Residency** |
| P21 tax certificates (or EU/EEA/Swiss equivalent) AND/OR | [ ]  |
| Statement from Social welfare outlining your receipt of a Social Welfare payment for the relevant period | [ ]  |
| **C: Applicant Type** |
| **Unemployed**Documentation from Social Welfare outlining you are in receipt of one of the payments listed in Section Five  | [ ]  |
| **Returners:**A sworn declaration from a Commissioner attesting to your status ([Form available here](https://www.lyit.ie/Portals/0/pdf/returner_declaration.pdf)) | [ ]  |
| **Employed:**A Recent Payslip AND/ORLetter from Employer | [ ] [ ]  |
| **Formerly Self Employed:**Letter from Revenue confirming you are no longer trading ORLetter from your Accountant confirming you are no longer trading | [ ] [ ]  |
| **D: Transcripts** |
| **Transcripts of Records** i.e previous results | [ ]  |