

Freephone 0800 0284291
Website: www.cafre.ac.uk
Director: Mr John Fay

Application for admission to Distance Learning part-time Higher Education Unit in Principles of Organic Horticulture

1. NOTES OF GUIDANCE

1. This form should be downloaded and completed personally by the applicant.
2. If you require assistance when completing this form please contact the Education Administration Office on freephone 0800 0284291 or calling from outside the UK 0044 28 9442 6700

2. PERSONAL DETAILS

Surname Mr/Mrs/Miss/Ms
Forename(s)
Home Address
Post Code/ZIP Code Home telephone no
Date of Birth Mobile telephone no
Town of Birth National insurance no
E-Mail Address:
Do you have a disability or special needs or a medical condition? (including dyslexia)
YES/NO (Please circle). If YES please provide details _____

3. EDUCATION HISTORY

Are you currently attending a course at CAFRE? Please tick yes and complete course title:

Enniskillen Greenmount Loughry

Course Title _____

Further or Higher Education (including part-time courses)	Dates

6. PRACTICAL EXPERIENCE/PREVIOUS EMPLOYERS/PREVIOUS WORK EXPERIENCE (as applicable)		
NAME OF EMPLOYER, ADDRESS & TEL NO	TYPE OF EMPLOYMENT INCLUDING BRIEF DETAILS OF DUTIES INVOLVED	DATES FROM - TO

7. REFEREES	
<p>Please give details of two persons to whom reference can be made. NB Recent school leavers are asked to give their School Head Teacher as one of their referees.</p>	
Name	Position held
Address	
Postcode	Tel No

Name	Position held
Address	
Postcode	Tel No

8. HOW DID YOU HEAR ABOUT CAFRE COURSES

- | | |
|---|--|
| <input type="checkbox"/> Friend or member of your family | <input type="checkbox"/> An advertisement in a newspaper |
| <input type="checkbox"/> Careers Officer or Job Centre | <input type="checkbox"/> Your employer |
| <input type="checkbox"/> Careers Convention or Exhibition | <input type="checkbox"/> Attending/attended course at CAFRE |
| <input type="checkbox"/> College Open Day | <input type="checkbox"/> Other – please provide details below. |

9 DECLARATION

I declare to the best of my knowledge the information given on this form is correct.

Signature _____ Date _____

**PLEASE RETURN YOUR COMPLETED APPLICATION FORM TO
Education Administration Office, College of Agriculture, Food and Rural
Enterprise, Greenmount Campus, Antrim BT41 4PU**

FOR COLLEGE USE ONLY	
APPLICATION REF NO	
DATE RECEIVED/ ACKNOWLEDGED	
INTERVIEW DATE	
REFERENCES	
OFFER MADE	
CONDITIONS OF OFFER	