

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"/> Careers teacher |
| <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. Other relevant information

Please provide a personal statement to support your application to this course.

10. Declaration

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

Signature _____ Date _____

Signature of parent or guardian (if applicant is under 18 years old)

Signature _____ Date _____

For College use only

Application Ref No. _____

Date received / acknowledged _____

Interview date _____

References _____

Offer made Yes No

Conditions of offer _____

Freephone: 0800 0284291

Website: www.cafre.ac.uk

Director: Mr John Fay



Application for admission to Further Education courses

1. Notes of guidance

1. This form should be completed personally by the applicant in **BLACK INK** and in **BLOCK CAPITALS**.
2. Completed application forms should be returned to: Education Administration Office, CAFRE, Greenmount Campus, Antrim BT41 4PU.
3. If you require assistance when completing this form please contact the Education Administration Office on freephone 0800 0284291.

2. Personal details

Surname _____ Mr/Mrs/Miss/Ms _____

Forename(s) _____

Home Address _____

Postcode _____ Home telephone no. _____

Date of Birth _____ Mobile telephone no. _____

Town of birth _____ National Insurance no. _____

Email Address (if available) _____

Do you have a disability or special needs or a medical condition? YES / NO (Please circle)
If YES, please provide details

3. Education history

Name of last or current school _____

Address _____ Postcode _____

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

Enniskillen Greenmount Loughry Course Title _____

Have you previously made an application to attend a CAFRE course?
Please tick if yes and complete course title

Enniskillen Greenmount Loughry

Course title _____



