

8. How did you hear about CAFRE courses?

Please tick those boxes which apply:

- | | |
|---|---|
| <input type="checkbox"/> Friend / family member / employer | <input type="checkbox"/> Advertisement / article in a newspaper |
| <input type="checkbox"/> DEL Careers Adviser / Job Centre | <input type="checkbox"/> School Careers teacher |
| <input type="checkbox"/> Careers Convention or Exhibition | <input type="checkbox"/> Internet |
| <input type="checkbox"/> School careers talk by CAFRE staff | <input type="checkbox"/> Other – please provide details below |
| <input type="checkbox"/> Existing / past student | |
- _____
- _____

9. Declaration

I declare to the best of my knowledge that 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 Yes No

Conditions of offer _____

ULN:

Freephone: 0800 0284291

Website: www.cafre.ac.uk

Director: Mr John Fay

Application for admission to part-time Higher Education courses

1. Notes of guidance

1. This form should be completed by the applicant in **BLACK INK** and in **BLOCK CAPITALS**.

2. 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

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? If yes, please tick which campus and complete course title.

Enniskillen Greenmount Loughry

Course title _____

