

Application for admission to part-time Higher Education Courses

1. NOTES OF GUIDANCE

1. This form should be completed personally 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 _____

Post Code _____ Home telephone no. _____

Date of Birth _____ Mobile telephone no. _____

Town of birth _____ National Insurance no. _____

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 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 _____

Further or Higher Education (including Part-time Courses)	Dates
_____	_____
_____	_____
_____	_____
_____	_____

6. PRACTICAL EXPERIENCE / PREVIOUS EMPLOYERS / PREVIOUS WORK EXPERIENCE
(if applicable)

NAME OF EMPLOYER, ADDRESS AND TEL NUMBER	TYPE OF EMPLOYMENT INCLUDING BRIEF DETAILS OF DUTIES INVOLVED	DATES FROM - TO

7. REFEREES

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

Name	Position held
Address	
Postcode	Telephone No.

Name	Position held
Address	
Postcode	Telephone 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

YES NO

CONDITIONS OF OFFER