

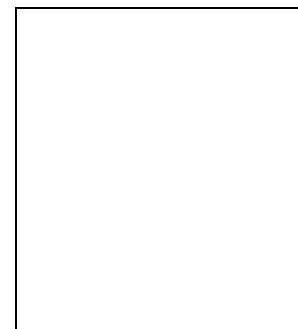
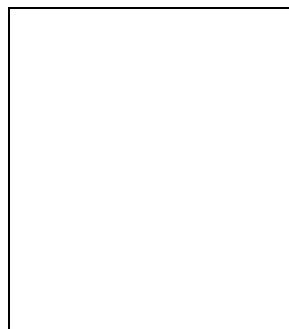


**OPEN  
TRAINING  
COLLEGE**

Prospect Hall, Willowfield Park, Goatstown, Dublin 14  
Tel: 01 2988544  
Fax: 01 2987004  
Email: enquiries@opentrainingcollege.com  
Web: opentrainingcollege.com



QQI AWARD



Affix 2 passport sized photos here (signed on reverse)

## QQI ACCREDITED SHORT COURSE APPLICATION FORM\* ACADEMIC YEAR 2016/2017

Please complete this form in **BLOCK LETTERS** and return to:  
The Open Training College, Prospect Hall, Willowfield Park, Goatstown, Dublin 14

- Please ensure that all sections are fully completed and all necessary documentation attached (checklist at the back).
- Please attach copy of photo identification (driving licence or passport photo page).

**Please note: Incomplete forms will not be processed and will be returned to the applicant.\*\***

### SECTION 1 – COURSE DETAILS

*Please list below the QQI short course(s) you wish to register for (as it appears on website/course brochure)*

Title of the Course (as it appears on the website/course brochure): \_\_\_\_\_

QQI Award Level and Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 2 – PERSONAL DETAILS

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_  
*(names as per passport/driving license; to be used on all formal correspondence and certification)*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ PPS Number: \_\_\_\_\_ Gender: Male  Female   
DD MM YYYY

Nationality: \_\_\_\_\_ Country of birth: \_\_\_\_\_

Address for correspondence: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Contact name in case of emergency: \_\_\_\_\_ Tel No: \_\_\_\_\_

Do you have any specific learning requirements or medical conditions that the College should be aware of? If so, please give details: \_\_\_\_\_

\_\_\_\_\_

*All applicants who indicate any support requirements will receive advice and guidance from a member of the academic course team. Please see the College website for further information on learner supports available. The College reserves the right to request professional documentary evidence of any diagnosis disclosed above.*

\*This application form pertains to QQI accredited short courses only. It will not be accepted as a valid application by students seeking to study full awards in the Management and Social Care degrees at Level 6, 7 or 8.

\*\*Short courses leading to QQI awards may require applicants to attend an informal interview (see website for information on all course requirements).

### SECTION 3 - EDUCATION

#### Secondary Education

Name of School: \_\_\_\_\_

Address (including country): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Last examination taken: Title: \_\_\_\_\_

Overall Result: \_\_\_\_\_

#### Further/Higher Education

Name of Institution (including country): \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Code (if know): \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Last examination taken: Title: \_\_\_\_\_

Accrediting Body: \_\_\_\_\_ Level on NQAI Framework: \_\_\_\_\_

Overall Result: \_\_\_\_\_

#### **Please note the following:**

- photocopy this page for any other courses you wish to present in support of your application
- please attach copies of transcripts/diploma supplement(s) of all qualifications listed (original documents must also be available upon request)
- applicants looking for exemption for modules based on prior certified learning will need to send a copy of the certificates and corresponding module learning outcomes

### SECTION 4 – INTERNATIONAL APPLICANTS

#### **UK Applicants**

Minimum of GCSE in English required from recognised UK awarding body.

The following requirements apply to all Non-EU applicants and EU applicants whose first language is not English:

- transcript of educational attainment achieved through studies in English at degree level (as validated by the NQAI qualifications recognition procedure – see [www.qualificationsrecognition.ie](http://www.qualificationsrecognition.ie))
- **OR** evidence of proficiency in English provided by one of the qualifications listed below (please attach relevant evidence to this form)

<b>Qualifications:</b>	<b>Minimum Requirement:</b>	<b>Your Grade:</b>
TOEFL Paper-based test	550	_____
TOEFL Computer-based test	213	_____
IELTS	6.0	_____
Cambridge Certificate of Proficiency in English	Grade C	_____
Cambridge Certificate in Advanced English	Grade A	_____
NEAB Test in English for Speakers of other Languages	Pass	_____
Warwick University English Language Test	Pass	_____

**SECTION 5 – WORK/EMPLOYMENT EXPERIENCE**

**Current/Most Recent Employment**

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Status of Employment: Permanent  Temporary  Relief

Full-time  Part-time  Voluntary

**Previous Employment/Work Experience**

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Status of Employment: Permanent  Temporary  Relief

Full-time  Part-time  Voluntary

**SECTION 6**

**FOR SOCIAL CARE MODULES (PCP, Ethics, etc.) AND SUPPORTED EMPLOYMENT APPLICATIONS ONLY**

**To be completed by applicant's current Manager:**

Has this applicant completed the Garda Clearance process? Yes  No

Is this applicant working at least 10 hours per week? Yes  No

Will the organisation facilitate the applicant to complete work-based assignments? Yes  No

*(The identity of service users and organisation will be protected and consent will be sought for each assignment)*

**Authorised Signatory on behalf of the agency:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position held: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

Place official Organisational  
Stamp Here  
(If organisational stamp is not  
available, please provide signed  
letter from an authorised  
signatory on headed paper)

### SECTION 7 – OTHER INFORMATION

How did you become aware of the course for which you are applying? Please tick as many as apply.

- |  |                                   |   |   |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> I am a graduate | <input type="checkbox"/> Facebook | <input type="checkbox"/> Activelink eBulletin     | <input type="checkbox"/> General Web search |
| <input type="checkbox"/> OTC Newsletter  | <input type="checkbox"/> Twitter  | <input type="checkbox"/> OTC Brochure/Flyer       | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Colleague       | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> HR/Training Manager/Dept | _____                                       |
- Current/Past Student Referral – Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

### SECTION 8 - DECLARATION

As the applicant, I agree to the following:

- I have read and understand all course criteria (as outlined in brochure view [www.opentrainingcollege.com](http://www.opentrainingcollege.com))
- I have read the Online Learning Guide (where applicable) located under Resources tab ([www.myotc.net/home](http://www.myotc.net/home))

**I declare that all the information contained in this form is true and accurate and that any untrue or inaccurate information may void my registration with the College.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 9 - CHECKLIST

Please check that you have enclosed the following (please tick):

- You have written your full name, PPS number and DOB in Section 2 of the form
- Two passport sized photographs (signed on back and attached in space provided)
- Attach the relevant course fees as outlined on the website/brochure
- If course fees are being paid by an organisation, please tick one of the following:
- Partial payment by organisation  Full payment by organisation
- Copy of all previous educational qualifications and transcripts
- Your manager has signed and stamped Section 6 of the form
- You have read and signed the declaration in Section 8 of the form

### SECTION 10 – DATA PROTECTION

The Open Training College (OTC) fully respects your right to privacy and will not collect any personal information about you without your clear permission. Any personal information which you volunteer to the OTC will be treated with the highest standards of security and confidentiality, strictly in accordance with the Data Protection Acts, 1988 and 2003. Any information which you provide in this way is not made available to any third parties, and is used by the OTC only in line with the purpose for which you provided it. Occasionally, we may contact you by post or email with details of further courses.

If you do not wish to receive this information please tick

*The College reserves the right to amend courses as necessary and to postpone or cancel courses at its discretion.*

### FOR INTERNAL USE ONLY

Received by: Programme Director/Manager of Academic Affairs  Yes Date: \_\_\_\_\_

Application Approved:  Yes  No If No state why: \_\_\_\_\_

Module(s) Exemption Approved:  Yes  No

Comment/Decision (amount): \_\_\_\_\_

Signed: \_\_\_\_\_ Date of Decision: \_\_\_\_\_