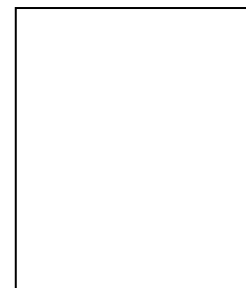




the open training college



QQI AWARD



**QQI ACCREDITED SHORT COURSE\*  
APPLICATION FORM  
ACADEMIC PERIOD 2015/16**

affix 2 passport size photos above (signed on reverse)

Please complete this form in **BLOCK LETTERS** and return to:

**Open Training College, Prospect Hall, Willowfield Park, Goatstown, Dublin 14.**

**Tel: 01-2988544**

**Web: [www.opentrainingcollege.com](http://www.opentrainingcollege.com)**

**Fax: 01-2987004**

**email: [enquiries@opentrainingcollege.com](mailto:enquiries@opentrainingcollege.com)**

Please ensure that all sections are fully completed and all necessary documentation attached.

**Please note: Incomplete forms will not be processed and will be returned to the applicant.  
Short courses leading to QQI awards may require applicants to attend for an informal  
interview (see website for information on all course requirements)**

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

**Section 1 - Course Details**

Please list below the **(QQI accredited short course(s))** you wish to register for refer to [www.opentrainingcollege.com](http://www.opentrainingcollege.com)

Title of Course (as it appears on website/course brochure)

Award (Level and Code)

_____
_____
_____
_____
_____

_____
_____
_____
_____
_____

**Reminder**

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

1. \_\_\_\_\_ You have written your full name and PPSN in the box provided at the top of each page where indicated
2. \_\_\_\_\_ Two passport sized photographs (signed on back and attached in space provided)
3. \_\_\_\_\_ Attach the relevant course fees as outlined on 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 ☐
4. \_\_\_\_\_ Copy of all previous educational qualifications and transcripts\*.
5. \_\_\_\_\_ You have read and signed the declaration section at the end of this application
6. \_\_\_\_\_ Your manager has signed and stamped Section 5 of the form (**Social Studies applicants only**)

*The Open Training College 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 Open Training College 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 Open Training College 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.*

Name:

PPSN:

## Section 2 - Personal Details

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_  
(Names as per passport/driving licence, to be used on all formal correspondence & certification)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ PPS No. \_\_\_\_\_ Gender: Male ☐ Female ☐  
DD/ MM/ YYYY

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

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

Tel home: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

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.*

## Section 3: Education

### Secondary Education

Name of school: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
(Including country)

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

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

### Further/Higher Education

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
(Including country)

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

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 on a copy of the certificates and corresponding module learning outcomes.

## Section 4 – 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: \_\_\_\_\_

Name and full address of employer: \_\_\_\_\_

Status of employment: Permanent ☐ Temporary ☐ Relief ☐  
Full-time ☐ Part-time ☐ Voluntary ☐

## Section 5 – Social Care Applications only

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

Has this applicant completed the Garda Clearance process? Yes ☐ No ☐  
Is 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 agency:

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

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

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

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

E-mail: \_\_\_\_\_

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

Name:

PPSN:

### Section 6 – 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).

#### **Qualifications:**

	Minimum Requirement	Your Grade
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 7 – Other Information

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

- ☐ I am a Graduate      ☐ Facebook      ☐ Activelink eBulletin      ☐ General Web Search  
☐ OTC eNewsletter      ☐ Twitter      ☐ OTC Brochure/Flyer      ☐ Other: \_\_\_\_\_  
☐ Colleague      ☐ LinkedIn      ☐ 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 understood 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:** \_\_\_\_\_

### **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:** \_\_\_\_\_