

**UNIVERSITY OF DUBLIN**  
**Trinity College**

**PHARMACY GRADUATE ENTRY SUPPLEMENTARY APPLICATION FORM**

*Please note that this supplementary application form is for entry to the Junior Freshman (1<sup>st</sup> year) only. In addition to completing this form students must also submit an application to the CAO no later than 1<sup>st</sup> February, 2014. Those students who wish to apply for entry to the 2<sup>nd</sup> year of the Pharmacy course must apply for Advanced Entry. Please consult the Admissions Office website for further details: <http://www.tcd.ie/Admissions/undergraduate/apply/transferred/from-third-level/>*

**SECTION 1: PERSONAL DETAILS**

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**1.1 CONTACT AND OTHER DETAILS**

SURNAME:	
OTHER NAME(S) (IN FULL):	
TITLE: MR/MS ETC.	
GENDER:	M                      F
ADDRESS FOR CORRESPONDENCE	
PERMANENT HOME ADDRESS (IF DIFFERENT TO THE ABOVE)	
TELEPHONE (DAY):	TELEPHONE (EVENING):
EMAIL:	FAX:
PPS NUMBER:	CAO NUMBER
DATE OF BIRTH:	
NATIONALITY:	
EU STATUS:	YES                      No
<b>PLEASE SEE OUR REGULATIONS REGARDING EU STATUS ON THE ADMISSIONS OFFICE WEBSITE AT :</b> <a href="http://WWW.TCD.IE/ADMISSIONS/UNDERGRADUATE/APPLY/EU-NONEU/">WWW.TCD.IE/ADMISSIONS/UNDERGRADUATE/APPLY/EU-NONEU/</a>	

## SECTION 2: EDUCATION

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### 2.1 SECONDARY EDUCATION

Give details of the highest second level qualifications you were awarded

**Please note:** applicants **must** have obtained at least a Grade C in Honours Chemistry in the Leaving Certificate or equivalent examination (e.g. A Level) or must have successfully undertaken a Chemistry course in a Third Level institution.

Documentation (2 copies) to show evidence of the required level of Chemistry having been obtained **MUST** be returned with this application form.

QUALIFICATION	SUBJECTS (INCLUDE LEVEL TAKEN)	MARK/GRADE
NAME AND ADDRESS OF SCHOOL (INCLUDING COUNTRY)		
DATES: FROM-TO		

### 2.2 POST SECOND LEVEL EDUCATION: CERTIFICATE(S), DIPLOMA(S) OR DEGREE(S)

Give details of certificate, diploma or degree qualifications you were awarded.

Include final year results only.

**Please note:** applicants **must provide official transcripts** (2 copies) for post second level courses undertaken.

1. COURSE TITLE	SUBJECTS /MODULES (INCLUDE LEVEL TAKEN)	MARK/GRADE
NAME AND ADDRESS OF INSTITUTION		
DATES: FROM-TO		
FINAL OVERALL GRADE AWARDED		

2. COURSE TITLE	SUBJECTS /MODULES (INCLUDE LEVEL TAKEN)	MARK/GRADE
NAME AND ADDRESS OF INSTITUTION		
DATES: FROM-TO		
FINAL OVERALL GRADE AWARDED		

3. COURSE TITLE	SUBJECTS /MODULES (INCLUDE LEVEL TAKEN)	MARK/GRADE
NAME AND ADDRESS OF INSTITUTION		
DATES: FROM-TO		
FINAL OVERALL GRADE AWARDED		

### 2.3 CURRENT STUDIES: CERTIFICATE, DIPLOMA OR DEGREE COURSES

Give details of courses you are undertaking currently but have not yet completed.

Include results only for current year only.

**Please note:** applicants **must provide official transcripts** (2 copies) for post second level courses being undertaken.

1. COURSE TITLE	SUBJECTS /MODULES (INCLUDE LEVEL IF APPLICABLE)	NUMBER OF MODULES/ASSIGNMENTS COMPLETED	AVERAGE RESULT
NAME AND ADDRESS OF INSTITUTION			
DATES: FROM-TO			
EXPECTED FINAL OVERALL GRADE			

### 2.4 ENGLISH LANGUAGE PROFICIENCY (if applicable)

If English is not your first language you must provide evidence of English language competence.

Please give details of the English language qualification(s) you hold and submit the certificate with your application

EXAMINATION	GRADE
TOEFL	
CAMBRIDGE PROFICIENCY	
CAMBRIDGE ADVANCED	
IELTS	
OTHER	

## SECTION 3: EMPLOYMENT

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Give details in **chronological order** of **relevant** work experience

	IN THE SPACE BELOW OUTLINE YOUR RESPONSIBILITIES, THE SKILLS YOU USED AND/OR EXPERIENCE YOU GAINED WHILE WORKING IN EACH POSITION LISTED.
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1. JOB TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	

2. JOB TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	

3. JOB TITLE	
NAME AND ADDRESS OF COMPANY/ORGANISATION	
DATES: FROM - TO	

## SECTION 4: ACTIVITIES OTHER THAN EDUCATION OR EMPLOYMENT

### 4.1 VOLUNTARY WORK (if applicable)

Give details in **chronological order** of any voluntary (**unpaid**) work you have carried out

		IN THE SPACE BELOW OUTLINE YOUR INVOLVEMENT AND HOW YOU BENEFITED FROM YOUR EXPERIENCE.
1. TITLE		
NAME AND ADDRESS OF ORGANISATION		
DATES: FROM - TO		
2. TITLE		
NAME AND ADDRESS OF ORGANISATION		
DATES: FROM - TO		
3. TITLE		
NAME AND ADDRESS OF ORGANISATION		
Dates: From - To		

### 4.2 HOBBIES OR INTERESTS

Give details of your hobbies or interests

TYPE OF HOBBY/INTEREST	IN THE SPACE BELOW OUTLINE THE SKILLS USED AND/OR KNOWLEDGE OR EXPERIENCE GAINED FROM YOUR HOBBIES/INTERESTS

## SECTION 5: PHARMACY COURSE

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**WHICH ASPECTS OF THE PHARMACY COURSE INTEREST YOU MOST?**

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**EXPLAIN THE RELEVANCE OF YOUR LIFE AND/OR EDUCATIONAL EXPERIENCE, AS OUTLINED IN SECTIONS 2, 3 AND 4 OF THIS APPLICATION FORM, TO THE PHARMACY COURSE.**

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## SECTION 6: ADDITIONAL INFORMATION

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USE THE SPACE BELOW FOR ANY ADDITIONAL INFORMATION YOU WISH TO INCLUDE.

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## SECTION 7: APPLICANTS WITH DISABILITIES

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### 7.1 SPECIFIC SUPPORT FOR APTITUDE TEST AND/OR INTERVIEW

If you require specific support to attend an interview please complete the following.  
You **MUST** provide a copy of **supporting medical/disability documentation**.  
For further information on acceptable documentation please consult the Admissions Office website on [www.tcd.ie/Admissions/undergraduate/apply/eu/disability](http://www.tcd.ie/Admissions/undergraduate/apply/eu/disability) or phone (01) 896 3111.

PLEASE STATE YOUR DISABILITY.

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STATE ANY SPECIFIC SUPPORT YOU MAY REQUIRE IN THE EVENT OF YOUR BEING CALLED FOR **INTERVIEW**.

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## SECTION 8: CERTIFICATION

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I have read and understood the Guidelines that accompany this application form and completed the checklist (see over).

SIGNATURE:	DATE:
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I certify that the information given in this application is complete and accurate to the best of my knowledge and I understand that any misrepresentation may render my application void. I understand that this application and any supporting documents become the confidential property of Trinity College and will not be released to another party.<sup>1</sup>

SIGNATURE:	DATE:
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**This application is an expression of interest in undergraduate course(s) for which you have applied. It does not constitute a contract between the applicant and the University. It is the practice of the University to destroy all documents relating to unsuccessful applications to undergraduate programmes at the end of December, year of application. Unsuccessful applicants who wish to receive feedback on their application are required to make a written request to the University prior to this date.**

Forward your completed application and **one photocopy** of same to:  
Admissions Office  
Regent House  
Trinity College  
Dublin 2

**Closing date: 1<sup>st</sup> February<sup>2</sup>**

<sup>1</sup> Information supplied on this form will be used for compiling general statistics/research and will not identify any individual applicant.

<sup>2</sup> Applicants should note that when the 1st February falls on a Saturday or a Sunday hand delivered applications will be accepted up to 5.00pm on the preceding Friday. Applications arriving by first post on the following Monday will be treated as having arrived on time.

## SECTION 9: CHECKLIST

For your application to Trinity College to be **complete** you must have:

RETURNED THE ORIGINAL APPLICATION FORM	YES <input type="checkbox"/>
INCLUDED A PHOTOCOPY WITH YOUR ORIGINAL APPLICATION FORM: YOU ARE REQUIRED TO INCLUDE A PHOTOCOPY OF THE FULL APPLICATION FORM YOU ARE ADVISED TO TAKE A PHOTOCOPY OF THE APPLICATION FOR YOUR OWN RECORDS	YES <input type="checkbox"/>
APPLIED TO THE CAO AS WELL AS TO TRINITY COLLEGE	YES <input type="checkbox"/>
INCLUDED TWO COPIES OF EVIDENCE OF CHEMISTRY QUALIFICATION AT SECOND OR THIRD LEVEL (SEE SECTION 2.1 OF THE APPLICATION FORM)	YES <input type="checkbox"/>
INCLUDED TWO COPIES OF TRANSCRIPTS FOR ALL POST SECOND LEVEL COURSES COMPLETED OR CURRENTLY BEING UNDERTAKEN	YES <input type="checkbox"/>
INCLUDED A COPY OF MEDICAL/DISABILITY DOCUMENTATION (ONLY FOR APPLICANTS WITH A DISABILITY WHO REQUIRE SPECIFIC SUPPORTS)	N/A <input type="checkbox"/> YES <input type="checkbox"/>
INCLUDED A CERTIFICATE OF ENGLISH LANGUAGE PROFICIENCY AWARDED BY ONE OF THE RECOGNISED EXAMINING BODIES (ONLY FOR APPLICANTS WHOSE FIRST LANGUAGE IS NOT ENGLISH). IF YOU HAVE NOT YET BEEN EXAMINED PLEASE GIVE DETAILS OF YOUR ENGLISH LANGUAGE TEST DATE	N/A <input type="checkbox"/> YES <input type="checkbox"/> DD <input type="checkbox"/> MM <input type="checkbox"/> YY <input type="checkbox"/>
COMPLETED THE REPLY SLIP	YES <input type="checkbox"/>

**DO NOT INCLUDE ANY ADDITIONAL DOCUMENTATION REFERENCES, CV, ETC.**

**Please note that due to the time required to assess each application it may be several weeks before you are notified of a decision.**

**INTERVIEWS WILL BE HELD BETWEEN MID-MARCH AND END-APRIL. ALTERNATIVE DATES CANNOT BE ARRANGED.**

### REPLY SLIP

**If you wish to receive notification that your application has been received please complete the reply slip.**

YOUR PHARMACY GRADUATE ENTRY SUPPLEMENTARY APPLICATION FORM WAS RECEIVED ON:

NAME
ADDRESS

DATE STAMP