

CAO Number 

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Family Name 

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Given Name 

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Date of birth DD 

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 MM 

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 YY 

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What country issued your passport? \_\_\_\_\_

If you do not hold a passport from an EU/EEA member state do you have:  
Official refugee status Yes  No

Humanitarian leave to remain in the State Yes  No

A certificate of Naturalisation conferring EU citizenship Yes / No

**Please complete Section A or B below:**

A. If you are under 23:

State where the principal residence *for the purpose of taxation* of your parents has been in each of the years listed below:

	Town	Country
September 2022 – September 2023	_____	_____
September 2021 – September 2022	_____	_____
September 2020 – September 2021	_____	_____
September 2019– September 2020	_____	_____
September 2018 – September 2019	_____	_____

Have you been in full-time education in the EU/EEA for three of the last five years? Yes/ No

School name, School Address	Dates From: To
1. _____	_____
2. _____	_____

B. If you are over 23:

State where has your principal residence *for the purpose of taxation* been in each of the years listed below:

	Town	Country
September 2021 – September 2022	_____	_____
September 2020 – September 2021	_____	_____
September 2019– September 2020	_____	_____
September 2018 – September 2019	_____	_____
September 2017 – September 2018	_____	_____

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A B C D

Have you been in receipt of a social welfare payment, in the EU/EEA for three of the last five years? Yes/ No

Name of Social Welfare Payment \_\_\_\_\_

Have you been in full-time employment in the EU/EEA for three of the last five years? Yes/ No

Name of Employer, Address of Employer

Dates From: To

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are offered and accept a place at Trinity College supporting documentation may be requested prior to registration. This may include a certified true copy of your passport, P21 forms, evidence of social welfare receipts, letter from school confirming attendance etc.

I confirm that all information provided above is correct

Signed

Date

\_\_\_\_\_

\_\_\_\_\_