**Form A**

**Student Application Form 2020**

**Arts, Science and Inclusive Applied Practice**

1. **Personal Details (Applicants details)**

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| **Applicants Name:** |

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| **Date of Birth:** |

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| --- |
| **Gender:** |

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| --- |
| **Home Address:** |
| **Home Phone:** |
| **Applicants Mobile:** |
| **Applicants Email Address:** |

**If you would like us to include a support person in our initial contact with you, please enter their details below:**

|  |
| --- |
| **Name:** |
| **Relationship to you:** |
| **Mobile:** |
| **Email address:** |

**Information on your disability**

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| --- |
| **Primary Disability:** |

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| **Other Disabilities/Conditions:** |

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| **Are you able to use public transport independently?**  **If not, please describe your support needs:** |

1. **Education Background**

**Primary and Secondary School**

**List the primary and secondary schools you have attended:**

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| --- | --- |
| **Name of School** | **Years attended** |
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| **What type of school did you attend?** | **Please tick all that apply** |
| I attended a mainstream primary school |  |
| I attended a special primary school |  |
| I attended a special class in a mainstream primary school |  |
| I attended a mainstream secondary school |  |
| I attended a special secondary school |  |
| I attended a special class in a mainstream secondary school |  |
| Other:  (Please specify) |  |

**Examinations**

**Junior Certificate**

**Did you complete a Junior Certificate: Yes \_\_\_\_\_ No\_\_\_\_\_\_**

**If yes, please fill out this table with your Junior Certificate Results:**

Use the example to help you if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Higher, Ordinary or Foundation Level** | **Year of Exam** | **Results** |
| **Maths** | **Foundation** | **2016** | **C** |
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**Leaving Certificate**

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| --- | --- |
| **Did you/are you doing Leaving Certificate or Leaving Certificate Applied?** | **Please tick** |
| Yes, Leaving Certificate |  |
| Yes, Leaving Certificate Applied |  |
| No, neither |  |

* If you did not or are not doing Leaving Certificate or Leaving Certificate Applied please move on to the next section, “Other Education”
* If you are doing or have done your Leaving Certificate/Leaving Certificate Applied please fill out the table below with your subjects. If you have already received your results or have results from mock exams you can include these also.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Level** | **Year of Exam** | **Results** |
| **Maths** | **Foundation** | **2018** | **C (mocks)** |
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**Other Education**

|  |  |
| --- | --- |
| **Have you completed any other courses (e.g. FETAC, QQI Certificates)?** | **Please tick** |
| Yes I have completed other courses |  |
| No I have not completed any other courses |  |

**If you have completed other courses please fill out this table with details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Course** | **School/College** | **Year completed** | **Award** |
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**Supports**

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| **Did you have any supports in school or outside of school?** | **In school** | **Outside school** |
| Learning Support |  |  |
| Resource Hours |  |  |
| Special Needs Assistant (SNA) |  |  |
| Counselling |  |  |
| Visiting Teacher Service |  |  |
| Assistive Technology |  |  |
| Care Support Team |  |  |
| Home Tuition Hours |  |  |
| Behavioural Support Class (NBSS) |  |  |
| ASD Class |  |  |
| Educational Welfare Support Officer |  |  |
| Guidance Counsellor |  |  |
| Clinical Psychologist |  |  |
| Educational Psychologist |  |  |
| Chaplain |  |  |
| Psychotherapist |  |  |
| Child and Adolescent Mental Health Services (CAMHS) |  |  |
| Occupational Therapy |  |  |
| Speech and Language Therapy |  |  |
| Physiotherapy |  |  |
| Other: |  |  |

**Please tick any of the accommodations you had/will have in your State Exams:**

|  |  |
| --- | --- |
| **Accommodation** | **Please tick all that apply** |
| Tape Recorder |  |
| Word Processor |  |
| Reader |  |
| Scribe |  |
| Spelling and Grammar Waiver |  |
| Extra Time |  |
| Others: |  |

**3. Employment Background**

|  |  |
| --- | --- |
| **Have you ever had a job?** | http://www.clipartbest.com/cliparts/Kcn/EoL/KcnEoLKcq.png |
| No, I have never had a job |  |
| Yes, I have a part-time job now |  |
| Yes, I have a full time job now |  |
| Yes, I used to have a full-time or part-time job |  |

|  |  |
| --- | --- |
| **Have you ever done a work experience programme during school or college?** | http://www.clipartbest.com/cliparts/Kcn/EoL/KcnEoLKcq.png |
| No, I have never done work experience |  |
| Yes, I did work experience in school or college |  |
|  |  |

|  |  |
| --- | --- |
| **Have you ever done voluntary work?** | http://www.clipartbest.com/cliparts/Kcn/EoL/KcnEoLKcq.png |
| No, I have never done voluntary work |  |
| Yes, I did voluntary work |  |

**Please provide details of up to three of your work experiences (paid, work experience programme or voluntary) in the tables below. If you do not have any work experience please move on to the next section.**

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Job Title** |  |
| **Dates of Employment** |  |
| **Duties and Responsibilities** |  |
|  |  |
| **Name of Company** |  |
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| **Dates of Employment** |  |
| **Duties and Responsibilities** |  |

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Job Title** |  |
| **Dates of Employment** |  |
| **Duties and Responsibilities** |  |

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| **List any other work experience here:** |
|  |

**4. Interest and Suitability**

**Arts, Science and Inclusive Applied Practice is a course for people with intellectual disabilities.**

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| --- |
| **Why are you interested in studying this course?** |
|  |
| **Why do you think you are suitable for this course?** |
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| **How has your disability affected your learning?** |
|  |
| **What strategies do you use to help you learn?** |
|  |

**5. Skills and Strengths**

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| --- | --- | --- | --- |
| **How good are you at these different activities?** | | | |
|  | **Good** | **Okay** | **Not good** |
| Reading |  |  |  |
| Writing |  |  |  |
| Typing |  |  |  |
| Numeracy |  |  |  |
| Using a computer |  |  |  |
| Joining in in class |  |  |  |
| Handing in homework |  |  |  |
| Studying independently |  |  |  |
| Doing exams |  |  |  |
| Meeting deadlines |  |  |  |
| Talking to classmates |  |  |  |
| Talking to teachers |  |  |  |
| Making friends |  |  |  |
| Teamwork |  |  |  |
| Being on time |  |  |  |
| Being creative |  |  |  |
| Public speaking |  |  |  |
| Organising |  |  |  |
| Managing time |  |  |  |
| Problem solving |  |  |  |
| Listening |  |  |  |
| Thinking outside the box |  |  |  |

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| --- |
| **What do you think your biggest strengths are?** |
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| **What things would you like to better at?** |
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**6. Referees**

(A referee is a person who knows you in a professional way, some-body outside of your family or friends. To become your referee this person agrees to recommend you for the course)

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| --- |
| **Referee 1** |
| **Name:** |
|  |
| **Phone:** |
| **Email:** |

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| **Referee 2** |
| **Name:** |
|  |
| **Phone:** |
| **Email:** |

**7. Declaration**

|  |  |
| --- | --- |
| **Declaration** | **Please tick** |
| I have read and understood the information about Arts, Science and Inclusive Applied Practice |  |
| I confirm that all the information I have provided is correct |  |
| Signed: Date: | |