



ACCS Application Form

Applicants seeking admission to 1st, 2nd, 3rd or 4th Year of DL044 ACCS

Office use

Please complete all sections of this form in BLOCK CAPITALS using BLACK ink.
Completed forms must be returned to the admissions office before:
4 p.m. Friday the 7th of May 2010

Section 1: Personal Details

Surname: _____ First Name(s): _____ Date of Birth: _____

Home Address: _____ PPS Number: _____

_____ Gender (circle): M F

Correspondence Address (if different): _____ Country of Birth: _____

_____ Nationality: _____

Email: _____ Phone: _____

Mobile: _____ Fax: _____

Section 2: Programme Applied For

Programme Code: DL044 (ACCS) Preferred year of entry (circle): 1st 2nd 3rd 4th

Programme Title: BA (Hons) in Visual Arts Practice – ACCS Mode

Section 3: Are you currently a registered student at IADT?

Yes If Yes, state Programme Code and proceed to section 7: DL _____ Year: _____

No Current Student Number: _____

Section 4: Language Competence

First language*: _____

Second language: _____ Speak Read Write

* If your 1st language is not English you **must** include separate evidence of English language qualifications, such as IETLS or TOEFL Certificates. Please refer to page 96 of our current Prospectus.

Section 5: Second Level Education

Post-Primary Education			
Name of secondary school attended	Country	Date from	Date to

Post-Primary Exams Completed		
Title of Examination	Year of Examination	Certified transcripts included

Section 6: Higher Education : include all courses attended at IoT or University (also include PLC courses)

Further and/or Higher Education (If applicable)			
Name and address of Institution(s) attended →	1.	2.	3.
Dates of attendance	From: To:	From: To:	From: To:
Programme Title <i>(For example National Diploma / Ordinary Degree / Hons Degree in...)</i>			
Length of Programme in years or months			
Full-time or Part-time			
Number of years/months successfully completed			
Level of Award (if any) <i>(for example pass, merit, distinction)</i>			
Awarding Body (E.g. HETAC, NCEA, City and Guilds, etc.)			
Date of Award or expected date of availability of results if not already published			

Please ensure that certified copies of transcripts of results (in English) are included for all course mentioned above. Please use a separate sheet and attach it to the form if you have more than three entries for this section.

Section 7: Employment Experience

Please give full details of relevant work/professional experience obtained.

Please use the space below or write on a separate sheet. (If a separate sheet is used, it should be firmly attached to this application form.)

Section 8: General Information

To enable the Institute to assess your suitability for the programme for which you are applying, please outline in the space below the reasons why you wish to take this programme and the main benefits you will derive from completing this programme.

Please use the space below or write on a separate sheet. (If a separate sheet is used, it should be firmly attached to this application form.)

Section 9: Health, Disability, Specific Learning Difficulty

If you consider yourself to have a disability, significant health problem and/or specific learning difficulty please give details below and attach medical documentation (where available/relevant).

Provision of the information in this section is requested to enable the Institute of Art, Design and Technology to accommodate, where reasonable, your needs. All information provided will be treated with sensitivity and in as confidential a manner as possible.

Please use the space below or write on a separate sheet. (If a separate sheet is used, it should be firmly attached to this application form.)

Section 10: References

You must provide one academic reference and one employment reference (where applicable). These are to be sent to **The Admissions Office, IADT, Kill Avenue, Dun Laoghaire, Co Dublin.** We will assume permission to contact the named referee(s) unless you tell us otherwise.

Education Reference

Name of Referee: _____ Telephone No. _____

Address

E-mail address _____

Employment Reference (if relevant)

Name of Referee: _____ Telephone No. _____

Address:

E-mail address _____

Section 11: Declaration

Where did you first hear about this course: _____

I certify that the information provided in this application is accurate and correct.

Signature of the Applicant: _____ Date: _____

Note: The Institute may use information provided by the applicant to create an initial student record and compile statistical information for use by the Institute or appropriate external bodies. No statistical data which can identify individuals will be published.

Completed Application Forms should be mailed to:

**Admissions Office (ACCS Application),
Dun Laoghaire Institute of Art, Design and Technology
Kill Avenue, Dun Laoghaire,
Co. Dublin.**

No later than 4 p.m. Friday the 7th of May 2010

Please Note:

The Institute reserves the right to cancel, suspend or modify its programmes at any time. The Institute reserves the right to amend the list of elective subjects being offered on any programme. Certain programmes are subject to a minimum number of approved applicants to proceed.