

International Programme for Career Advancement
8th June 2015 to 24th July 2015

Application Form

Please use **BLOCK CAPITALS**

PERSONAL DETAILS

Surname: _____
(as per Passport)

First Name(s): _____
(as per Passport)

Gender: Male Female

Date of Birth: -- / -- / ----
(dd/mm/yyyy)

Country of Birth: _____ **Nationality:** _____

Correspondence _____
Address: (while in
Ireland) _____

Correspondence _____
Address: (in your
Home Country) _____

Personal Email: _____ **Telephone:** _____

Do you have a Disability? Yes No

The purpose of this question is to ascertain whether you require any arrangements which will facilitate your attendance at classes or assist you in taking your examinations. If you consider yourself to have a disability, please attach details and medical documentation obtained within the last 3 years.

CURRENT EDUCATION (In your Home Country)

Name of Home College/University: _____

Address of Home College/University: _____

Name of Course: _____

Which year are you currently in:

Year 1 Year 2 Year 3 Year 4 Masters PhD

CURRENT EDUCATION (While in Ireland)

Name of College/University: _____

Address of College/University: _____

Name of Course: _____

Which year are you currently in:

Year 1 Year 2 Year 3 Year 4 Masters PhD

I verify that the information given above is true:

Applicant's Signature: _____ Date: _____

**THIS FORM, FULLY COMPLETED, SHOULD BE RETURNED ON OR BEFORE FRIDAY 27TH FEBRUARY 2015 TO:
CAMMS, Cork Institute of Technology, Bishopstown, Cork, Ireland**

Any queries relating to the completion of this form should be directed to the CAMMS Office.
Email camms@cit.ie, or telephone: +353 21 4326264