



For Official Use

Date Received:

File Number:

LABOUR MARKET ACTIVISATION APPLICATION FORM – 2009

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

Section 1: Personal Details

Surname:

First Name (s):

Address:

Phone Number:

Mobile Number:

Country of Birth:

Nationality:

Date of Birth: — / — / 19 —

Gender: Male Female

PERSONAL PUBLIC SERVICE NUMBER (PPSN NO)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 2: Programme Choice

Please refer to www.wit.ie for more details on the available courses

Applications may be made for one programme only. Please tick one of the choices below:

Programme Code	Programme Title	Tick Choice
WD028	BSc (Hons) in Applied Computing	
WD086	BEng (Hons) in Electronic Engineering	
WD147	BSc (Hons) in Pharmaceutical Science	
WD160	BA (Hons) in Finance & Investment	
WD155	BSc in Information Technology	

Section 3: Qualifications

Please Note:

In respect of examinations already completed, you must supply to WIT copies of certificates for all qualifications, which you mention on this Form. Certificates should show dates, subjects and results. They should NOT be originals, they should be photocopies – certified typically by a school/college stamp. A certified English translation is required in the case of qualifications not issued originally in English.



Details of Secondary Education - Results of examinations taken at Secondary School

Year	Name of Examination eg Leaving Certificate or equivalent	Name of Subject	Level (eg. H/L)	Grade	Office Use Only

Details of Further Education - Results of examinations taken eg. FETAC, City & Guilds etc.

Year	Awarding Body	Name of Institution attended and Course Title of Course	Duration	Grade	Office Use Only



Previous Waterford Institute of Technology Course (s)

Please include any previous courses attended at WIT, the dates of attendance and the award/grade achieved for current courses. Write 'Pending' if results are not yet available.

COURSE TITLE e.g. Higher Certificate/Ordinary Degree etc.	DATE	AWARD e.g. PS/M1 etc.

If you have attended another Third Level Institution, please complete the following:

College Attended:	
Address:	
Phone Number:	

COURSE TITLE e.g. Higher Certificate/Ordinary Degree etc.	DATE	AWARD e.g. PS/M1 etc.



Section 4: Relevant or Recent Work Experience

Name of Employer:	<input type="text"/>
Address of Employer:	<input type="text"/>
Phone Number:	<input type="text"/>
Position held:	<input type="text"/>
Dates of employment:	From: <input type="text"/> To: <input type="text"/>
Brief description of duties:	<input type="text"/>

Section 5: Eligibility

IMPORTANT - PLEASE READ CAREFULLY

To be eligible for LMA programmes, applicants must:

- Be unemployed and in receipt of Job Seeker's Allowance or Benefit for six months or longer as at 1st September 2009 *or*
- Have been awarded Statutory Redundancy

Eligibility checks will therefore need to be carried out. In order to assist with eligibility checks, Waterford Institute of Technology will liaise with the Department of Social and Family Affairs.

Please tick **one** of the choices below and ensure that you include any documentation requested with your application:

- | |
|--|
| <p><input type="checkbox"/> I am in receipt of Job Seeker's Allowance or Benefit. I hereby authorise Waterford Institute of Technology to contact the Department of Social and Family Affairs for the sole purpose of assessing my eligibility for an LMA programme. (<i>no additional social welfare documentation is required from you at this stage if you tick this box</i>)</p> <p><input type="checkbox"/> I do <u>not</u> authorise Waterford Institute of Technology to contact the Department of Social and Family Affairs. Instead I am attaching a document from my local social welfare office confirming that I am unemployed and in receipt of Job Seeker's Allowance or Benefit for six months or longer as at 1st September 2009</p> <p><input type="checkbox"/> I am entitled to statutory redundancy from my most recent employment and I enclose a copy of form RP50 as proof of my eligibility</p> |
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Section 6: Disability

If you consider yourself to have a disability or significant health problem, please give details below and attach medical documentation obtained within the last three years.

Such information will allow for the provision of educational supports you may be Needs Assessed for through our Disability Office

I certify that I have read and understood this application and that the information provided on this form is complete and accurate. I have ticked the relevant box in Section 5.

Signed: _____ **Date:** _____

Send completed forms to:-

Labour Market Activation Programme,
Admissions Office,
Waterford Institute of Technology,
Cork Road,
Waterford.

Closing Dates for receipt of completed application form:

17th August, 2009

Offers will be issued in late August

PLEASE NOTE THAT, IN THE ABSENCE OF TRANSCRIPTS OF RESULTS, OR OTHER REQUESTED DOCUMENTATION, IT WILL NOT BE POSSIBLE TO PROGRESS THIS APPLICATION