



lyit



Fáilte Ireland

National Tourism Development Authority

APPLICATION FORM
Advanced Certificate in Professional Cookery

Please tick the programme which you are applying for:

Advanced Certificate in Professional Cookery - Immersion

Year 1 [checkbox]

Advanced Certificate in Professional Cookery - Traineeship

Year 1 [checkbox] Year 2 [checkbox]

If you have ever been registered for a course in LYIT, quote your student IID Number and the latest calendar year you attended LYIT:

ID NUMBER:

[Grid for ID Number]

YEAR

[Grid for Year]

SECTION 1 - PERSONAL DETAILS (please complete in block capitals)

Surname:

[Text box for Surname]

First Name(s):

[Text box for First Name(s)]

Address:

[Text box for Address]

[Text box for Address]

Phone Number (Home):

[Text box for Phone Number (Home)]

Mobile No:

[Text box for Mobile No]

Email:

[Text box for Email]

Country of Birth:

[Text box for Country of Birth]

Nationality:

[Text box for Nationality]

If non-EU please state:

[Text box for Visa/Stamp (attach copy)]

Sex:

Male

[checkbox]

Female

[checkbox]

Date of Birth: (ddmmyy)

[Grid for Date of Birth]

PPS Number

[Grid for PPS Number]

SECTION 2 - EMPLOYMENT HISTORY (including present establishment)

Table with 4 columns: From, To, Employer Name and Address, Position Held

### SECTION 3 - EDUCATION DETAILS

From	To	Name of College/Training Provider	Qualifications Obtained

N.B. Transcripts of results must be attached.

### SECTION 4 - CURRENT EMPLOYER (where you will be employed during traineeship)

Name of Establishment:

Name of Employer:

Address of Employer:

Phone Number:

Fax:

Email:

Dates of Employment: From  Until   
Full/Part Time Full Time  Part Time

### SECTION 5 - PERSONAL STATEMENT

State your reasons for applying and provide any further information which you would wish to give in support of your application

## SECTION 6 - COURSE PUBLICITY

Tick the appropriate box to indicate how you learned about the course

- Prospectus
- Newspaper Advertisement
- Radio
- Employer
- Professional Body
- Personal Recommendation
- Website
- Other

Please specify

## SECTION 7 - REFEREES

Give the names of two persons who may be contacted regarding your academic work and/or employment.

**Name**

**Name**

**Address:**

  
  

**Address:**

  
  

**Phone Number:**

**Phone Number:**

**Position Held:**

**Position Held:**

**I agree to abide by the Code of Practice**

**Employer's Signature:** \_\_\_\_\_ **Position** \_\_\_\_\_

**Trainee Applicant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## DECLARATION

I certify that the information I have provided on this form is accurate to the best of my knowledge. If admitted to Letterkenny Institute of Technology, I agree to abide by such College Rules and Regulations (Academic and General Rules) as are in force from time to time.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return the completed application form to:**

Admissions, School of Tourism, Shore Road, Killybegs, Co Donegal by 5.15pm on the 15 June, in the year in which you seek admission. (Late applications may be accepted up to 5 September, however preference will be given to those submitted before 15 June).