



lyit



Fáilte Ireland

National Tourism Development Authority

Student Application Form
RESTAURANT OPERATIONS MANAGEMENT

Student / Applicant

Name of Establishment you work in (if applicable):

Surname: First Name:

Date of Birth: Nationality: Gender:

PPS Number:

Home Address:

Home Telephone: Mobile:

Email Address:

Employment History

Table with 4 columns: From, To, Employer's Name & Address, Positions Held. Contains 4 empty rows for data entry.

Education Details

Table with 4 columns: From, To, Name of School/College, Qualifications Obtained. Contains 4 empty rows for data entry.

Have you participated in any CERT/Fáilte Ireland programmes? Yes No

If yes, please specify: _____

Other achievements: _____

Current Employer (if applicable)

Name of Establishment in which you are employed: _____

Employer's Name and Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Student/Applicant Signature _____ Date _____

Please forward completed Application Forms to:

Admissions
School of Tourism
Letterkenny Institute of Technology
Shore Road
Killybegs
Co Donegal

Tel No (074) 9186600

Fax No (074) 9186601

Web Site www.lyit.ie