**Please ensure that both the Kildare County Childcare and the IT Carlow application forms are completed in full and returned to Kildare County Childcare Committee before Friday 7th April at 1pm either by email or post.**

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**Bachelor of Arts in Applied Early Childhood Education & Care - Level 7**

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| **Applicants Details** |
| Name of Applicant: |
| Home Address: |
| Mobile No: |
| Email Address: |

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| **Employment Details** |
| Place of Employment: |
| Address: |
| Telephone No: |
| Email Address: |
| **Qualification***DCXXX or 6M2007**Please attach results/certificate/parchment of the FULL award* |
| Course title Year Obtained  |
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| **Accredited Training that you have participated in over the last 5 years***Please attached a copy of results for all listed below* |
| Course title Year Obtained  |
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| **Employment History*****You may attach a CV in addition to the information given below*** |
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| Employer & Address | From | To | Job Title | Role (please indicate what rooms you worked in) |
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| **LEVEL 7** |
| Why do you wish to pursue this programme –Level 7 in Early Childhood Education & Care? |

I wish to apply for the BA Applied Early Childhood Education & Care (level 7) award with IT Carlow & I give permission to IT Carlow to contact my employer in relation to the application if necessary.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **To be completed by your Employer** |
| Is your service currently in receipt of the Higher Capitation for the ECCE Free preschool year? (please circle) Yes No |
| How many staff in your service work directly with children? |
| How many have ECCE Level 7+? |
| How many ECCE rooms operate in your service and at what times? **Room Session Time** |
| Is the person applying for this training programme (Level 7) currently working in the ECCE room? (please circle) Yes No |
| Will they be working in the ECCE room from Sept 2017? (please circle) Yes No |
| Signed: Title: |
| Date: |



**IT Carlow Specific Application Form**

Top of Form

**PROGRAMME DETAILS STUDENT NO:**

Programme Title: **Bachelor of Arts Applied Early Childhood Education & Care**

**PERSONAL DETAILS**

***Please Note:****The name you enter will appear on any parchment to which you may be entitled to.*

Surname ………………………………..First Name(s)…………………………………..

Home Address…………………………………………………………………………………

Name and Address of Service……………………………………………………………….

DCYA No.……………………………………………………………..

Do you have 3 years full time experience in the sector………………………………………

PPS Number …………………………………………………………………………………

Gender – Male/ Female …………………… Date of birth ………………………………….

Country of Birth…………………………….Citizenship ……………………………………..

Is English/Irish your first Language?

Home Telephone………………………………….Mobile Number …………………………...

Work Number……………………………..Email ……………………………………………..

Next of Kin……………………………..Contact Number…………………………………..

Have you previously been a student in IT Carlow? ……………………………………………

If yes please state course and Year ………………………………………………………..

**QUALIFICATIONS**

*The following information requested is for admission and statistical purposes only and will be treated in the strictest confidence.*

Indicate the last Educational Institution attended *(i.e Secondary School, Irish University, Irish Institute of Technology, Post Leaving Cert college)* ………………………………………

Indicate the Highest Qualification Achieved (i*.e. Junior Certificate, Leaving Certificate, FETAC?NCVA, Apprenticeship, Ordinary Degree, Honours Degree, PLC Qualification, Masters)* ………………………………………………………………………………….

***Please note:*** *proof of qualifications needs to be enclosed when returning application form to the Wicklow County Campus. If you are under 23 years of age you will need to provide a copy of the parchment received for any qualifications that you hold*

Do you have a Disability/Specific Learning Difficulty? (Yes or No) …………………..

***Please Note:****that disclosure of a disability and/or specific learning will not adversely affect your application in anyway.*

 **APPLICANT DECLARATION**

I declare that the information given by me in this application is true and accurate and that if accepted I agree to read and abide by the regulations of Institute of Technology Carlow.
I hereby agree that the Institute may use my photograph in publications of the Institute where they judge this to be the best interest of either myself or the Institute. I understand that the Institute of Technology Carlow will treat all information as confidential and will not disclose such information except as permitted by Law. Other information provided will be held on computer and will only be used for purposes registered under the Data Protection Act.

**Signed……………………………………………………..Date ……………………………**Bottom of Form