

# FORM 1.1

## I.T.E.C Application Form

Course Title : \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Occupation: \_\_\_\_\_

Reason for taking Course : \_\_\_\_\_

\_\_\_\_\_

Related qualifications in caring profession, if any: \_\_\_\_\_

\_\_\_\_\_

Any Special Needs Requirements, please advise us \_\_\_\_\_

\_\_\_\_\_

Previous I.T.E.C Student No: \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Deposit € \_\_\_\_\_ Non-refundable \_\_\_\_\_

Early booking is recommended as course numbers are limited

The College reserves the right to terminate a student's participation on a course if in their opinion, the student is deemed unsuitable to continue.

Note: The minimum entry age is 19 years of age.

E-mail address: \_\_\_\_\_  
if you wish to receive regular updates to our online Newsletter.

