



APPLICATION FORM

Application to undertake (please tick appropriate box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Certificate in Management | <input type="checkbox"/> Certificate in Health Services Management | <input type="checkbox"/> Certificate in Supply Chain Management |
| <input type="checkbox"/> Diploma in Management | <input type="checkbox"/> Diploma in Health Services Management | <input type="checkbox"/> Diploma in Supply Chain Management |
| <input type="checkbox"/> BA in Management Practice | | <input type="checkbox"/> BSc In Supply Chain Management |

Personal Details

Surname	<input type="text"/>
Other names in full (as on birth certificate)	<input type="text"/>
Date of birth (dd/mm/yy)	<input type="text"/>
Address for correspondence	<input type="text"/>
	<input type="text"/>
Daytime telephone number	<input type="text"/>
Mobile phone number	<input type="text"/>
Email address	<input type="text"/>
PPS No	<input type="text"/>

Education

Second Level Education

Names & Addresses of Schools attended	From	To	Examinations Taken

Post Secondary School Education (Including Training Courses)

Names & Addresses of Schools attended	From	To	Qualification	Result

Employment

Present or Most Recent Employment

From	To	Exact title of your post	Nature of work

Full Name & Address of Employer

Previous Employment

From	To	Exact title of your post	Nature of work

Full Name & Address of Employer

Reasons for wishing to undertake this course

Are you being sponsored by your organisation? (please tick appropriate box)

☐ Yes

☐ No

If 'Yes' please attach letter of sponsorship. If 'No' please enclose course fee

€

--

Are you currently enrolled in any other programme at the University of Limerick? (please tick appropriate box)

☐ Yes

☐ No

If 'Yes' please state name of course:

--

I affirm that the particulars given in relation to this application are in all respects true and I agree to be bound by the academic regulations of the University of Limerick.

Signature of Applicant

--

Date

--

PLEASE RETURN THIS FORM TO:

Breda Ahern, Management Development Unit,
Kemmy Business School, University of Limerick, Limerick.

ANY QUERIES PLEASE CONTACT

Breda Ahern
Tel: +353 61 202915
Email: breda.ahern@ul.ie



UNIVERSITY of LIMERICK
Ollscoil Luimnigh

