

APPLICATION FORM

www.dkit.ie



Certificate of Arts in Learning and Teaching - Part-time

Personal & Contact Details

Surname:	<input type="text"/>	PPS No.:	<input type="text"/>
First Name(s):	<input type="text"/>	Tel No.:	<input type="text"/>
Address:	<input type="text"/>	Mobile No.:	<input type="text"/>
	<input type="text"/>	Email:	<input type="text"/>
	<input type="text"/>	Date of Birth:	<input type="text"/>

My preferred preference to attend classes is:	Please tick your preferred preference	
Monday Evenings - 6.00 pm to 9.00 pm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Friday Afternoons - 1.00 pm to 4.00 pm	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would be able to attend on Fridays if Monday evenings are not viable	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Teaching Experience

Employer	From	To	Nature of Teaching
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Currently your teaching category is Please tick	Currently your typical contact hours per week is	If part-time is your teaching contract going to be renewed next academic year Yes / No
Full-time Teaching <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Part-time Teaching <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other please detail below <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>

Qualifications

Title of Award: _____

Overall Result & Grade (eg Hons. 2.1) _____

Year of Award

Personal Statement / Briefly explain why you are interested in this programme

I certify that the information I have provided on this form is accurate.

Signed: _____

Date: _____

1. Any specific Programmes queries may be obtained by contacting Dr Moira Maguire on extn 2703 or Gerry Gallagher on extn 2752 Direct Dial Tel: (042) 9370320
2. This application form, **fully completed**, must be returned to the Laura Mc Kenna, CELT Co-ordinator, S205, Dundalk Institute of Technology, Dublin Road, Dublin Road, Dundalk, Co. Louth.
3. In the event of competition for places, the Institute reserves the right to select candidates on criteria which may include number of teaching hours and current qualifications. Candidates are invited to provide additional pertinent information on a separate sheet.
4. Dundalk Institute of Technology's admission, registration and examination process are subject to the provisions of the Freedom of Information Act 1997 and Freedom of Information (Amendment) Act 2003.
5. Dundalk Institute of Technology is a registered Data Controller and will comply with its obligations under existing or future data protection legislation with regards to dissemination of personal information to any third party.
6. Dundalk Institute of Technology will retain application forms and any other documentation (including examination scripts) supplied by registered students of the Institute in line with the Institute's Records Management Policy.
7. The information supplied in your application (including examination results) may be used by Dundalk Institute of Technology for statistical and programme development purposes.
8. Applicants have the right to access all personal information held on them by Dundalk Institute of Technology.