**Form A**

**Student Application Form**

**Cumas – Certificate in Foundational Learning & Community**

# **Section 1: Personal Information**

**Personal data captured by this form will be processed in compliance with data protection legislation, used for the specified purposes only and deleted when no longer required. For further information on data protection at University of Galway please see** [**https://www.universityofgalway.ie/footer-links/privacy.html**](https://www.universityofgalway.ie/footer-links/privacy.html)

**1.1 Your details**

|  |  |  |
| --- | --- | --- |
|  | What is your name? |  |
|  | What is your home address? |  |
|  | What is your date of birth? |  |
|  | What is your gender? |  |
|  | What is your mobile phone number? |  |
|  | What is your email address? |  |

**1.2 Your support person’s details**

|  |  |  |
| --- | --- | --- |
|  | What is your support person's name? |  |
|  | Who is this person to you? |  |
|  | What is your support person’s mobile number? |  |
|  | What is your support person’s email address? |  |

## **1.3 Information about your disability**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you have an intellectual disability? | **YES** | **NO** |
|  | Are you sending a document to show us that you have an intellectual disability? | **YES** | **NO** |
|  | Do you have any other disability?  If yes, what is it? | **YES** | **NO** |

## **1.4 Getting around**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you use public transport independently?  If no, what support do you get when using public transport? | YES | NO |
|  | Do you understand that you will be required to make your own way to and from college? | **YES** | **NO** |

# **Section 2: Education Background**

## **2.1 Primary School**

|  |  |  |
| --- | --- | --- |
|  | What primary school did you go to? | **Name of Primary school:**  **Years that you attended:** |

|  |  |
| --- | --- |
| **What type of primary school did you attend?** | **Please tick all that apply** |
| I attended a mainstream primary school |  |
| I attended a special primary school |  |
| I attended a special class in a mainstream primary school |  |
| Other:  (Please specify) |  |

## **2.2 Secondary School**

|  |  |  |
| --- | --- | --- |
|  | What secondary school did you go to? | **Name of secondary school:**  **Years that you attended:** |

|  |  |
| --- | --- |
| **What type of school did you attend?** | **Please tick all that apply** |
| I attended a mainstream secondary school |  |
| I attended a special secondary school |  |
| I attended a special class in a mainstream secondary school |  |
| Other:  (Please specify) |  |

## **2.3 School Attendance**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Were you ever out of school for lots of days at one time?  If yes, why?  Did you ever need to repeat a year in school?  If yes, why? | YES | NO |
| YES | NO |

# **Section 3: Examinations**

## **3.1 Junior Certificate**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Did you complete a Junior Certificate? | **YES** | **NO** |

**If yes, please fill out this table with your Junior Certificate Results:**

Use the example to help you if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Higher, Ordinary or Foundation Level** | **Year of Exam** | **Results** |
| **Maths** | **Foundation** | **2019** | **C** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

## **3.2 Leaving Certificate**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Did you complete a Leaving Certificate? | **YES** | **NO** |

|  |  |
| --- | --- |
| **Did you/are you doing Leaving Certificate or Leaving Certificate Applied?** | **Please tick** |
| Yes, Leaving Certificate |  |
| Yes, Leaving Certificate Applied |  |
| No, neither |  |

**Please fill out this table with your Leaving Certificate Results:**

Use the example to help you if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Level** | **Year of Exam** | **Results** |
| **Maths** | **Foundation** | **2022** | **C (mocks)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## **3.3 Other Education**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have you completed any other courses? | YES | NO |

**If yes, please write your course or courses in the box below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the course?** | **School/College** | **Year completed** | **Award** |
| ***Computer skills*** | **St Itas** | **2022** | **Level 3** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## **3.4 Supports**



|  |  |
| --- | --- |
| **Did you have any of the following supports?** | **Please tick all that apply** |
| Learning Support |  |
| Resource Hours |  |
| Special Needs Assistant (SNA) |  |
| Behavioural Support Class (NBSS) |  |
| ASD Class |  |
| Counselling/psychology |  |
| Assistive Technology |  |
| Care Support Team |  |
| Child and Adolescent Mental Health Services (CAMHS) |  |
| Occupational Therapy |  |
| Speech and Language Therapy |  |
| Physiotherapy |  |
| Other: |  |

**Please tick any of the accommodations you had/will have in your State Exams:**

|  |  |  |
| --- | --- | --- |
|  | **Accommodation** | **Please tick all that apply** |
|  | Laptop |  |
|  | Recorder |  |
|  | Word Processor |  |
|  | Reader |  |
|  | Scribe |  |
|  | Spelling and Grammar Waiver |  |
|  | Extra Time |  |
|  | Others: |  |

# **Section 4: Employment Background**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have you ever worked before? | YES | NO |

If yes, please fill in the box below:

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Job Title** |  |
| **Dates of Employment** |  |
| **Duties and Responsibilities** |  |
| **Type of role** | **Box: Voluntary work**  **Box: Work experience**  **Box: Full time work**  **Box: Part time work** |

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Job Title** |  |
| **Dates of Employment** |  |
| **Duties and Responsibilities** |  |
| **Type of role** | **Box: Voluntary work**  **Box: Work experience**  **Box: Full time work**  **Box: Part time work** |

|  |  |
| --- | --- |
| **Name of Company** |  |
| **Job Title** |  |
| **Dates of Employment** |  |
| **Duties and Responsibilities** |  |
| **Type of role** | **Box: Voluntary work**  **Box: Work experience**  **Box: Full time work**  **Box: Part time work** |

# **Section 5: Interest and Suitability**

**Cumas – Certificate in Foundational Learning & Community is a course for people with intellectual disabilities.**

|  |  |  |
| --- | --- | --- |
|  | Why are you interested in studying this course? |  |
|  | Why do you think you are suitable for this course? |  |
|  | How does your disability make it difficult for you to learn? |  |
|  | What helps you to learn? |  |

# **Section 6: Skills and Strengths**

|  |  |  |  |
| --- | --- | --- | --- |
| **How good are you at these different activities?** | | | |
|  | Reading | I am good at this | I am not good at this |
|  | Writing | I am good at this | I am not good at this |
|  | Typing | I am **good** at this | I am **not good** at this |
|  | Numeracy | I am **good** at this | I am **not good** at this |
|  | Using a computer | I am **good** at this | I am **not good** at this |
|  | Participating in class | I am **good** at this | I am **not good** at this |
|  | Handing in homework | I am **good** at this | I am **not good** at this |
|  | Studying independently | I am **good** at this | I am **not good** at this |
|  | Projects/portfolios | I am **good** at this | I am **not good** at this |
|  | Doing exams/assignments | I am **good** at this | I am **not good** at this |
|  | Meeting deadlines | I am **good** at this | I am **not good** at this |
|  | Talking to classmates | I am **good** at this | I am **not good** at this |
|  | Talking to teachers | I am **good** at this | I am **not good** at this |
|  | Making friends | I am **good** at this | I am **not good** at this |
|  | Teamwork | I am **good** at this | I am **not good** at this |
|  | Being on time | I am **good** at this | I am **not good** at this |
|  | Being creative | I am **good** at this | I am **not good** at this |
|  | Public speaking | I am **good** at this | I am **not good** at this |
|  | Organising | I am **good** at this | I am **not good** at this |
|  | Managing time | I am **good** at this | I am **not good** at this |
|  | Problem solving | I am **good** at this | I am **not good** at this |
|  | Listening | I am **good** at this | I am **not good** at this |

|  |  |  |
| --- | --- | --- |
|  | What are you good at doing?  (Your strengths) |  |

|  |  |  |
| --- | --- | --- |
|  | What would you like to do better? |  |

# **Section 7: Referee**

A referee is a person who knows you in a professional way, somebody outside of your family or friends.

|  |
| --- |
| **Referee** |
| **Name:** |
|  |
| **Phone:** |
| **Email:** |

**Declaration**

|  |  |
| --- | --- |
| **Declaration** | **Please tick** |
| I confirm that all the information I have provided is correct and I consent to my personal data being used by University of Galway |  |
| Signed: Date: | |