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| --- | --- | --- | --- |
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##### PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| SURNAME\* |  | FORENAME\* |  |
| ADDRESS LINE 1\* |  | GENDER\* | Male ❑ Female ❑ Prefer not to say ❑ |
| ADDRESS LINE 2\* |  | DATE OF BIRTH\* | DD / MM / YYYY |
| ADDRESS LINE 3 |  | PPS NUMBER\* |  |
| TOWN/CITY\* |  | NATION OF BIRTH\* |  |
| COUNTY\* |  | CITIZENSHIP\* |  |
| EIRCODE\* |  | FIRST LANGUAGE\* |  |
| E-MAIL ADDRESS\* |  | MOBILE NUMBER\* |  |
| EMPLOYMENT STATUS |  | LANDLINE NUMBER |  |
| Have you been living in an EU country for 3 of the last 5 years?\* Yes ❒ No ❒ | | | |

\* COMPULSORY FIELDS – MUST BE COMPLETED

##### EDUCATION DETAILS

##### Second Level Education:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name of Second Level School Attended*** | |  | | |
| ***Address*** |  | | | |
| ***Qualification Obtained (please tick)*** | | | | ***Year of Award*** |
| **Junior/Intermediate Certificate** | | |  |  |
| **Leaving Certificate** | | |  |  |

##### Further Education/Third Level Education:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Name of College Attended*** | | | | | |
| ***Address*** |  | | | | |
| ***Qualification Obtained*** | | | ***Year of Award*** | ***Overall Result*** | ***Awarding Body*** |
|  | | |  |  |  |
| ***Course Name*** | |  | | | |

***All applicants under 23 years of age must enclose a copy of Leaving Certificate results or equivalent with their application form otherwise your application will not be considered***

***If you have previously attended IT, Tralee please state Student ID No.***

##### EMPLOYMENT DETAILS (continue on additional sheets if necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name & Address of Employer*** | ***Job Title*** | ***From-To*** | ***Description of Duties*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

##### Please note any candidate under 23 years of age may be required to attend for interview.

##### FEES

|  |
| --- |
| *The total fee for the BA in Retail Experience Management for AY 20/21 is* ***€3,000****. All fees must be paid in full before programme commencement in* January 2021 *for successful candidates. 25% Funding available from South West Gnó Skillnet, subject to eligibility.* |

##### DISABILITY/SPECIFIC LEARNING DIFFICULTY

|  |
| --- |
| *If you wish to disclose a disability or specific learning difficulty please tick here \_\_\_\_ and we will contact you with the option to provide more information to allow the Institute to consider any specific support needs you may have.* |

##### DECLARATION (Must be signed and dated by all applicants)

|  |
| --- |
| *I certify that the information I have provided on this form is accurate to the best of my knowledge. I agree that the Institute has authority to seek information from other Institutions in order to evaluate the information provided on this form. If admitted to IT Tralee, I agree to abide by such Institutes Rules, Rights & Responsibilities.*  ***Signature of Applicant*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Date*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**DATA PROTECTION**

The Institute is the data controller for all personal data that it holds and processes and is subject to the Data Protection Acts 1998- 2018. You will find the relevant details and information at this link:

[***http://www.ittralee.ie/en/InformationAbout/InstituteandDepartments/StudentDataPrivacyStatement/***](http://www.ittralee.ie/en/InformationAbout/InstituteandDepartments/StudentDataPrivacyStatement/)

***Please return Application Form and relevant documentation to:***

Lifelong Learning Department, Institute of Technology Tralee, North Campus, Tralee, Co. Kerry.

Telephone: 066 7191701 E-mail: [lifelonglearning@ittralee.ie](mailto:lifelonglearning@ittralee.ie) Website: [www.ittralee.ie](http://www.ittralee.ie/parttimeprogrammes/lma)

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| Q:\LOGO\COLOUR WITH CIRCLE.bmp C:\Users\User\Desktop\SWG SKILLNET\South West Gno Skillnet-Masthead-800.jpg   |  |  |  | | --- | --- | --- | |  | **BA in Retail Experience Management Application Form - Academic Year 2021/2022** |  | |

##### EMPLOYER SECTION

**Your employer must complete this section of the application form.**

**Retail Outlet:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Human Resource Manager/**

**Retail Coordinator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Retail Outlet Stamp:**

***Please return Application Form and relevant documentation to:***

Lifelong Learning Department, Institute of Technology Tralee, North Campus, Tralee, Co. Kerry.

Telephone: 066 7191701 E-mail: [lifelonglearning@ittralee.ie](mailto:lifelonglearning@ittralee.ie) Website: [www.ittralee.ie](http://www.ittralee.ie/parttimeprogrammes/lma)