



Application for Admission of Non-EU Members to an Agricultural/ Horticultural College in Ireland

NB: It is the responsibility of the applicant to obtain the appropriate student visa from the Irish Government (Department of Justice, Equality & Law Reform)

Surname:

First Name(s):

Home Address:

Birth Place:

Nationality:

Date of Birth: Day Month Year (Applicant must submit copy of Birth Cert)

Are you: Male Female
Married Single

Purpose for which training is required: _____

Particulars of examinations taken and certificates held by applicant: _____

Most recent examination completed, subjects taken and results obtained:

Examination	Subject	Grades	
		Pass	Honours



Funded by the Irish Government under the National Development Plan 2008 to 2013

Particulars and duration of agricultural courses already attended:

Course	Location	Duration

Are your parents owners or occupiers of land? Yes No

If yes, give total area _____ and type of farming _____

Are you returning to farming? Yes No

Are you reasonably fluent in:

Reading English Yes No

Writing English Yes No

Speaking English Yes No

Have you friends/relatives in Ireland? Yes No

If yes, give name(s) and address(es): _____

Payment of €9,696 fee which covers tuition costs and board and accommodation during term time (please ✓):

(These figures are for the 2008/09 academic year only and are based on the normal Teagasc teaching year of 28 weeks)

€4,848 prior to or on entry to the course in September; or

€4,848 prior to or on entry to the course in September and €4,848 prior to commencement of second term in January

I hereby apply to enrol in agricultural/horticultural college*. I undertake to abide by the rules of the college if enrolled. I enclose copy of my Birth Certificate.

Signed: _____ Date: _____

****No application accepted/dealt with unless the appropriate visa is obtained***

Return completed application form, medical report, copy of your birth certificate and evidence of your visa to the college of your choice (see list below). **Apply to one college only:**

- | | |
|---------------------------------|--|
| Ballyhaise (Agriculture): | Teagasc, Agricultural College, Ballyhaise, Co Cavan, Ireland |
| Botanic Gardens (Horticulture): | Teagasc, College of Amenity Hort, National Botanic Gardens, Glasnevin, Dublin 9, Ireland |
| Clonakilty (Agriculture): | Teagasc, Agricultural College, Darrara, Clonakilty, Co Cork, Ireland |
| Gurteen (Agriculture): | Gurteen Agricultural College, Ballingarry, Roscrea, Co Tipperary, Ireland |
| Kildalton (Agric & Hort): | Teagasc, Kildalton Agricultural and Horticultural College, Piltown, Co Kilkenny, Ireland |
| Mountbellew (Agriculture): | Franciscan Brothers Agricultural College, Mountbellew, Co Galway, Ireland |
| Pallaskenry (Agriculture): | Salesian Agricultural College, Pallaskenry, Co Limerick, Ireland |
| Warrenstown (Horticulture): | Salesian College of Horticulture, Warrenstown, Drumree, Co Meath, Ireland |

MEDICAL REPORT

PART 1 TO BE COMPLETED BY THE APPLICANT IN THE PRESENCE OF THE MEDICAL EXAMINER:

Name (in full) and age: _____

Address: _____

Have you ever had fits of any kind? Yes No

As far as you are aware are you in good health at present? Yes No

Applicants Signature: _____ *Date:* _____

PART 2 TO BE COMPLETED BY THE MEDICAL EXAMINER:

Did the applicant sign part 1 of this form in your presence? Yes No

Is the candidate free from varicose veins and rupture? Yes No

If rupture is present, is a truss worn? Yes No

Is the heart normal? Yes No

Are the lungs normal? Yes No

Is the urine free from albumen and sugar? Yes No

Are the knee jerks and eye reflexes normal? Yes No

Is his/her vision good enough for the proposed duties? Yes No

Is his/her hearing adequate? Yes No

Is he/she free from dental decay? Yes No

Are all joints normal, especially those of fingers? Yes No

Is the applicant in good health and physically fit to take the course? Yes No

Medical Examiners Signature: _____ *Date:* _____

Medical Qualification: _____

Address: _____