

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): _____

Fees: €7,000 for tuition costs. Board and accommodation fees during term time as per individual college rates.

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 |

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: _____