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|  | **Level 5 Component Award in Horticulture**  **(2017)** |

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| **Please indicate your course choice(s):**   |  |  | | --- | --- | | **Plant Identification and Use 🞎** | **Plant Propagation 🞎** | | **Horticulture Mechanisation 🞎** | **Landscape Construction and Maintenance 🞎** | | **Plant Protection 🞎** | **Fruit and Vegetable Productions 🞎** | |

**Application Form**

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| Please supply your PPSN as you cannot be registered without it |  |  |  |  |  |  |  |  |  |

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| **Surname:** |  |

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| **First Name(s):** as on  Birth Certificate |  |

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| **Address:** |  |

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| **Phone** (incl. area code): |  | **Date of Birth:** | Day |  |  | Month |  |  | Year |  |  |

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| **Phone** (Mobile): |  | **E-mail:** |  |

**Learner Support:**

Teagasc is an equal opportunities organisation and welcomes applications from people with disabilities. Teagasc is committed to supporting students with disabilities within the learning environment. Disclosure of a disability will in no way prejudice your application but rather help us to plan and provide the necessary disability supports.

Do you have a:

Physical Disability: Yes 🞎 No 🞎 Mental Health Issue: Yes 🞎 No 🞎

Specific Learning Difficulty Yes 🞎 No 🞎 Other Yes 🞎 No 🞎

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| --- |
| **I hereby apply to enrol in the above course. I undertake to abide by the rules of the programme if enrolled. \*I enclose:**  **Copy of Birth Certificate 🞎 Copy of Official Documentation Confirming PPSN 🞎**  **Two Passport Photos 🞎 €10 Application Fee 🞎** Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return completed form and the documentation requested above\* to the College Principal at the college of your choice.  **Cheque/Postal Order must be made payable to “Teagasc” only (not Teagasc and the college name).** |