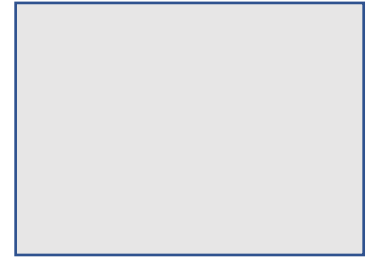


Coláiste Mhuire gan Smál, Luimneach
Mary Immaculate College, Limerick
- Ollscoil Luimnigh - University of Limerick -
Phone: 061 204300 Fax: 061 313632



**Special Entry Route into the Second Year of the BA in Early
Childhood Care and Education**

Applicants with the following qualifications or equivalent will be eligible for consideration for entry to the Second Year of the BA in Early Childhood Care and Education: Please indicate which qualification you wish to be considered, by ticking the adjoining box-

Full-time Diplomas of DIT or HETAC (specify further by identifying which diploma you hold)

Diploma in Pre-School Care and Education

Diploma in Social Care

Diploma in Humanities in Montessori Education

Two-year full-time certificate in Pre-School Care from HETAC/NCEA or DIT with Merit or Distinction

Two-year full-time CACHE Diploma holders – Grade A or B overall

Two-year full-time or 3 year part-time Irish St. Nicholas Montessori Qualification with an award of Distinction or Highly Commended.

The AMI Montessori Diploma (two year full-time) with a minimum of 2 Grade C's and 1 Grade B in the written theory exam, the written practical exam and the oral practical exam.

Please Note:

Up to 10% of places will be available each year. If more than **10%** wish to transfer, a selection procedure will be implemented. Garda clearance is required prior to registration.

Answers to be typewritten or in block letters. The completed application form together with receipt for payment of online application fee of **€50**, certified examination results must be emailed to **Admissions@mic.ul.ie**. Applicants may be required to present themselves for interview.

SEORAÍ PEARSANTA/PERSONAL DETAILS

1. **Gnáthainm/Customary Name:**
(a úsáidfeá ar gach taifead oifigiúil Ollscoile
(to be used on all official University records)

	Sloinne/Surname	Céad Ainm(neacha)/Forenames
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2. **Ainm ar an Teastas Breithe/
Name as on Birth Certificate:**

	Sloinne/Surname	Céad Ainm(neacha)/Forenames
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3. **Seoladh le haghaidh comhfreagrais/
Address for correspondence:**

4. **Seoladh Baile/Home Address:**
(más éagsúil ó 3/if different from No.3)

5. **Seoladh ríomhphoist/Email:**

6. **Téileafón/Contact Tel. No(s):**

7. **Dáta Breithe/Date of Birth:**

8. **Má rinne tú iarratas cheana ar
áit sa Choláiste seo inis an bhliain:
If you previously applied to the
College, state year and course:**

9. Oideachas Dara Leibhéil/Second Level Education

Ainm agus Seoladh na Scoileanna Names and Addresses of Schools attended	<u>Years of Study</u> <u>Blianta Staidéir</u>	
	ó/from	go/to

Ard Teist nó Scrúdú Ceann Cúrsa/ L.Cert or Final Exams. taken	Scrúd-uimhir Exam. Nos.	Dátaí na Scrúduithe Exam. Dates	Na hábhair ar éirigh leat iontu Subjects Passed	Leibhéal Level	Toradh agus Gradam Result Grade or Mark

10. Oideachas Trú Leibhéil/Third Level Education

Ainm agus Seoladh an Choláiste Name & Address of Institution Attended	Blianta Staideir Years of Study		Na Cúrsaí a lean tú Courses Taken	Cáilíocht a fuair tú Qualification Obtained	Grád na Céime Class of Qualification
	from	to			

Scrúduithe a dhéanfaidh tú i mbliana/Examinations being taken in current year:

Ní mór torthaí oifigiúla (cóip) de na scrúduithe a dhéanfaidh tú I mbliana a sheoladh chuig an gColáiste a luaithe agus is féidir.

Confirmed results of examinations taken in current year to be forwarded as soon as possible. (Copies only).

11. CÚNTAS FOSTAÍOCHT/EMPLOYMENT EXPERIENCE

An Fhostaíocht is déanaí ar dtús /Most recent employment first):

Ainm agus Seoladh an Fhostóra Name & Address of Employer	ó/from	go/to	An Saghas Oibre Nature of Duties

12. SEORAÍ PEARSANTA EILE (leathnach breise más gá)

FURTHER PERSONAL DETAILS: *(you may attach an extra page if necessary)*

Fáisnéis maidir le spéiseanna; na fáthanna ar mhaith leat an cúrsa a roghnú; breithiúnas ort féin maidir le hoiriúntacht don chúrsa sin; míchumas de chinéal ar bith a éilíonn coinníollacha ar leith.

Special interests, motivation for your choice of degree course; an evaluation of your suitability for the course; any disability or condition of health which would require the provision of special facilities.

13. Ainm, seoladh agus uimhir theileafóin bheirt a bheadh sásta tuair cháilíochta a thabhairt i do leith / Name, Address and Telephone No. of two referees:

1.	2.

14. Séanadh/Disclaimer

Personal information collected by MIC is treated with the highest standards of security and confidentiality in accordance with the General Data Protection Regulations (GDPR). Data collected will be retained in line with MIC's [Records Retention Schedule](#). By completing this form, you are requesting that your information is processed in line with college procedures for the purpose of the APL Special Entry into Year 2 of ECCE Form. Your privacy is important to us. For further information and full data privacy notice please click [here](#).

15. DEARBHÚ/DECLARATION

Dearbhaím gur fíor chomh fada agus is eol dom na freagraí atá tugtha agam thuas. Má thagann athrú intinne orm maidir leis an iarratas seo cuirfidh mé in iúl don Choláiste láithreach é.

I declare that all the particulars supplied by me on this form are correct and that I will inform the College immediately if I decide not to proceed with my application at any time.

Gnáthshíniú/Signature: _____

Dáta/Date: _____