



Please include
passport sized
photograph

**Application Form
Access to University Course
2021**

Applications must be returned by email to access@ul.ie by **Friday 23rd October 2020**

All documentation to be submitted by Friday 6th November 2020
Please note that incomplete applications will not be considered

Please complete all sections of the form in **BLOCK** capital letters. Please attach passport sized photograph to application.

PART 1: ABOUT YOU					
Surname: (as on Birth Certificate)		First Name(s):			
Gender: (Please Specify) Female Male Prefer Not to Say Gender Non-Binary	Date of Birth:		Day	Month	Year
Nationality:		Country of Birth:			
Current Address:					
Eircode: <i>You must provide your Eircode</i>	<i>If you do not know this you can find it here: https://finder.eircode.ie/#/</i>				
Email Address:					
<i>All correspondence with applicants will take place via email, therefore you MUST have an active email address.</i>					
CAO Number: (if applicable)	PPSN Number:				
Your Mobile Phone No:	Parent's/Guardian's Phone No(s):				

Did you apply through the Higher Education Access Route (HEAR) for entry in September 2020?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you applied for Higher Education Access Route for entry September 2020, Were you <u>deemed eligible</u> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If Yes – attach CAO letter with list of HEAR indicators as proof of how you met HEAR eligibility – YOU request this from CAO.
If you applied through the Higher Education Access Route for Entry September 2020, Was this your <u>first time</u> applying through that route?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
Have you previously lived in a Limerick Regeneration Area?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see link to Limerick Regeneration Housing Form (attach completed form with your application). Clodagh, should you put the link here?
Where did you hear about Access to University Course?	

Please Note: Criteria for eligibility is based on **the HEAR eligibility criteria.**

If you already have 2020 HEAR eligibility, **you the applicant** must contact the CAO
http://www.cao.ie/index_ae.php?page=contact&altmenu=aentry

Request a letter providing the **List of HEAR indicators** as proof of how you met HEAR eligibility and attach to this application.

Further information on HEAR eligibility criteria information available on the link below:

<http://accesscollege.ie/hear/making-an-application/eligibility-indicators/>

INCOMPLETE APPLICATIONS (Forms and verification documentation) WILL NOT BE CONSIDERED.

PART 2: ABOUT YOUR SCHOOL

Second Level Attendance	Date of attendance	
Schools Attended	From	To

Year of Leaving Certificate:

NOTE: PLEASE ATTACH COPY OF LEAVING CERTIFICATE RESULTS

Post-Secondary Education: *if applicable*

College/University Attended	Dates of Attendance		Course Title	Highest Qualification Attained
	From	To		

PART 3: ABOUT YOUR FAMILY

Please Note if you have 2020 HEAR eligibility:

You will need to attach 2020 HEAR letter with **List of HEAR indicators** to your application available from the CAO.

You, the applicant must request this letter from the CAO with the **List of HEAR indicators** as proof of how you met 2020 HEAR eligibility.

See link below to contact CAO

http://www.cao.ie/index_ae.php?page=contact&altmenu=aentry

If you attach the 2020 HEAR letter with list of HEAR indicators to your AUC application, you will **Not** need to complete PART 3 – PART 7 of this application form (as you are already assessed for 2020 HEAR eligibility).

You can then go directly to **PART 8**.

YOUR FAMILY'S DEPENDENTS

Please give details of dependents in your family (**including yourself** and foster children).

A dependent is anyone under the age of 16 years on 1st October 2020, or over 16 years who is attending a full-time course at an education institution or is medically certified as permanently unfit to work.

Full Name	Date of Birth Day Month Year	Relationship to you start with yourself	Attending School/College	Full Time Course
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART 4: ABOUT YOUR MEDICAL / GP VISIT CARD

Did you or your parent(s)/guardian(s) have a HSE Medical Card/GP visit Card that was in date on **31st December 2019**?

Yes

No

If yes, this Information must be requested, see details below, and attached to this application, this must be received by access@ul.ie before **5.00pm on Friday 6th November 2020**.

Request information for you or your parent(s)/guardian(s) who had a HSE Medical Card/GP visit Card that was in date on **31st December 2019** using one of the following:

By email: Pcrs.crmcorrespondence@hse.ie

By post to: Customer Relationship Management Unit, National Medical Card Unit, Exit 5, M50, North Road, Finglas, Dublin 11

You must include all of the following details in the request:

- Name (s) of card holder(s)
- Home Address
- Date(s) of birth
- PPSN(s)

(Infoline)contact HSELive Tel: 1850 24 1850



The HSE Medical Card/GP Visit Card must have been in date as of **31st December 2019**.

PART 5: ABOUT YOUR PARENTS/GUARDIANS SOCIAL WELFARE PAYMENTS

Did your parents/guardians receive any social welfare payments during 2019?

Yes

No

If Yes, obtain this information for the parents/guardians (both if applicable) using **my gov account** on www.welfare.ie. Attach this information to your application.



Social Welfare statement must be returned to the Access Office before **5.00pm on Friday 6th November 2020**.

PART 6: ABOUT YOUR PARENTS' / GUARDIANS' FINANCES



We need to calculate your total family income for the **full 52 weeks of 2019**. This section asks you to tell us who contributes to your family income.

Please get your parents'/guardians' help to complete this part of the application form.

Your family income can come from:

- Employment
- Social welfare
- Pensions
- Rental property
- Farming
- Any other sources

Who contributes to your family income? (Please tick):

Mother/Guardian 1	Father/Guardian 2

Please Note: If you are in the care of HSE or a foster child, this section may not apply to you.

If you have a different source of family income other than those outlined, contact Caitriona Moore.
by email at access@ul.ie

Please use the box below to tell us about the sources of income in your household.

Type of Income	Mother/Guardian 1	Father/Guardian 2	Financial Documents Required (attach to your application for each)
Was your parent/guardian in paid employment in 2019 on a full, part time or temporary basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of P21 for 2019 from Revenue Commissioners
Was your parent/guardian Self-employed, engaged in farming, or receiving rent from rental properties in 2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of Long format Notice of Assessment for 2019 from Revenue Commissioners or Tax Exemption letter
Did your parent/guardian receive any Social Welfare payments in 2019 other than child benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Department of Family and Social Protection Form statement apply online www.welfare.ie (online services and forms)
Was your parent/guardian made Redundant in 2019? Did he/she receive any lump sum payments from his/her former employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of Form RP50 Notification of Redundancy
Was your parent/guardian retired in 2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	A copy of Retirement Lump Sum Letter from employer and/or P21 for 2019 and/or Long Format Notice of Assessment for 2019 and/or Department of Family and Social Protection Form statement apply online www.welfare.ie (online services and forms)

The following part of the form deals with your parents'/guardians' job titles. This is information on their current or most recent job.



If your parent/guardian works in an office, do not use general terms like office administrator. **Use precise terms** like secretary, receptionist or clerical assistant.

If your parent/guardian is a member of the Gardaí or Army, make sure to state the rank like Garda Lieutenant or Army Corporal.

MOTHER/GUARDIAN 1

Mother/Guardian 1 current or most recent job, please select:

Employee Yes <input type="checkbox"/>	Self-employed (including farmer) Yes <input type="checkbox"/>	Self-employed (including farmer) with paid employees Yes <input type="checkbox"/>
What is/was the job title of your Mother/Guardian1 current/most recent job?		Job Title:

FATHER/GUARDIAN 2

Father/Guardian 2 current or most recent job, please select:

Employee Yes <input type="checkbox"/>	Self-employed (including farmer) Yes <input type="checkbox"/>	Self-employed (including farmer) with paid employees Yes <input type="checkbox"/>
What is/was the job title of your Father/Guardian 2 current/most recent job?		Job Title:

PART 7: ABOUT YOUR PARENTS / GUARDIANS JOBS

This part deals with your parents/guardians occupations and employment history. Please get their help to complete this part of the application form. We ask about your parent(s)/guardian(s) employment status because we need to determine what socio-economic group they are in. Be as precise as possible when describing their status and job title.

Employment status is what your Mother/Father/Guardian(s) are doing right now. What is their current employment status?



Only tick **No Contact what so ever** if you have never had any contact with your parent/guardian.

If your parent/guardian works part-time or is on a community employment scheme, tick 'working for payment or profit'.

Tick the heading that best describes your parent(s)/guardian(s)' employment status:

Employment Status	Mother/Guardian 1	Father/Guardian 2
Working for Payment or Profit		
Currently Unemployed		
Looking after home/family		
Retired from employment		
Unable to work due to permanent sickness or disability		
Never worked		
No contact what so ever		
Deceased		

PART 8: PERSONAL STATEMENT



If interviewed, you will be asked why you have selected these particular courses and what information you have gathered about the courses in question. **Ensure you have the minimum subject requirements for your chosen course.** Research your UL course choices at <https://www.ul.ie/courses/>

In your investigations, you could enquire about a 2021 prospectus from the Admissions Office, talk to people who have studied your chosen course or to career guidance counsellors, etc.

If called for interview your personal statement will form part of the basis for your interview. Therefore, please take time to think about the questions on the next page and to cover these for your personal statement.

To participate in this course you must be available to attend full-time classes from January 2021 to May 2021. Are you in a position to make this commitment?

I confirm	(Please tick to confirm)
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1. What are your reasons for wanting to study at UL and for choosing the courses you have listed?
2. What obstacles have you faced in your education todate?
3. What personal strengths and experiences do you have which will help you succeed in UL?

Please number each answer to these questions separately below.

**PART 9: PLEASE SELECT 3 COURSES YOU WISH TO APPLY FOR
IN ORDER OF PREFERENCE 1, 2, 3 ONLY**

Order of Preference	Faculty	Course Code	Course Title
Preference 1			
Preference 2			
Preference 3			

<https://www.ul.ie/courses/>

I confirm I have checked I have the minimum subject requirements for my 3 course choices.

I confirm	(Please tick to confirm)
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PART 10: YOUR CHECKLIST

Please answer all statements below with Y or N

I have emailed my completed application to access@ul.ie by Friday 23rd October 2020	
I have included a passport size photograph	
I have included a copy of my Leaving Certificate Results	
I am HEAR 2020 Eligible	
I have included CAO 2020 HEAR letter with list of HEAR indicators	
I have signed consent to verify qualifications on last page - Part 11	

Please Note:

It is your responsibility to ensure your application is received by **Friday 23rd October 2020** to access@ul.ie

Also ensure all supporting documents are received to access@ul.ie by **Friday 6th November 2020**.

Please list below details of all additional documents (not listed above) for your application.

Document Name	Document Attached (Y/N)	Document to follow by 6 th of November (Y/N)

PART 11: YOUR DECLARATION

Data Protection Statement and Applicant Declaration

We will process your Personal Data in accordance with our Student Privacy Notice which can be accessed [here](#) or by browsing to www.ul.ie/dataprotection. [We will only use the information submitted for the purposes of assessing your application.](#)

I confirm that the information provided in this application form is true and correct and that any supporting documentation submitted with my application is genuine. I understand that the University of Limerick may cancel my application, withdraw or amend its offer or terminate my registration at the University if any aspect of my application is found to have been falsified.

By ticking the checkbox below and submitting your completed application form, you are confirming that the information given in this form is true, complete and accurate and that no information requested or other material information has been omitted.

You will not be able to change your application once you have submitted it.

I have read, understand and agree to the above	(Please tick to confirm)
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Marketing and Contact

We may wish to notify you by email about events, news and services relating to UL and/or your application which we think may be of interest to you. Please tick the checkbox to give your consent to be contacted in this way. We will never pass your details to any third parties for marketing purposes. Please note, we will continue to send you communications directly related to your application even if you opt out of receiving other communications.

I consent to be contacted by email and agree to the above	(Please tick to confirm)
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Please note the University is a smoking and vaping free campus.