

LEAVING CERTIFICATE

SUBJECTS (Please indicate whether taken at Higher or Ordinary Level)	GRADES ACHIEVED	Year

HIGHER EDUCATION

	Academic Institution	Dates of study	Year conferred
Higher Education Qualification			
Other Post-Leaving Certificate qualifications			

REFEREE INFORMATION

Name	Full Postal Address	Relationship to you	Contact details
			Phone: Email:
			Phone: Email:

Do you require notification before your referees are contacted? Yes No

APPLICANT DECLARATION

All information provided in this application is, to the best of my knowledge, true and correct. I understand that should any of the particulars furnished in this application be found to be false or inaccurate in any material way, action may be taken to withdraw any offer of employment.

I also authorise the University to authenticate my qualifications with the relevant educational institutions listed.

PRINT NAME :

SIGNATURE:

DATE:

Completed applications should be returned on or before Friday 5 June 2015 to

**The Registrar,
National University of Ireland
49 Merrion Square, Dublin 2.**

Tel: 01 4392424. Fax: 01 4392466 Email: registrar@nui.ie

Your application must include

- A completed Application form;
- A Curriculum Vitae