

NCEF Education & Training

Higher Certificate in Exercise and Health Fitness Year 2 Application Form

All questions must be answered. Where appropriate please put "none". All information requested on this form is required by the University of Limerick. Please ensure all relevant documentation is included to facilitate prompt processing of your application.

To be filled in **BLOCK LETTERS** using **BLACK INK**

Please tick or state which module/s you are applying for and which semester.

Modules

SEMESTERS

Personal Training (30 ECTS Credits)

Autumn Week-ends in Dublin
Autumn Week-days in Limerick
Spring Week-ends in Limerick

Strength & Conditioning for Sport (30 ECTS Credits)

Autumn Week-ends in Limerick
Spring Week-days in Limerick

Pilates & Corrective Exercise (30 ECTS Credits)

Spring

Health Related Activity for Children (15 ECTS Credits)

Autumn Spring Summer

Facility Operations (15 ECTS Credits)

Autumn Spring Summer

Fit for Life – Lifestyle Management (15 ECTS Credits)

Autumn Spring Summer

Studio Cycling (Spinning) (15 ECTS Credits)

Autumn Spring Summer

Active Aging for the Older Adult (15 ECTS Credits)

Autumn Spring



UNIVERSITY of LIMERICK
OILScoil LUIMNIGH



A maximum of 30 credits can be taken per semester for 2 consecutive semesters eg Autumn & Spring or Spring & Summer

Personal Details

1. First Name: _____ Surname: _____

2. Correspondence Address: _____

3. Irish PPS No: _____

4. Tel Home: _____ Tel Work: _____ Mobile: _____

5. Email: _____ 6. Date of Birth: ___/___/___ (dd mm yy)

7. Country of Birth: _____ 8. Nationality: _____ 9. Gender: F M

10. Emergency Contact Person: _____ Telephone: _____

11. Educational Qualifications: (please tick appropriate boxes) Junior Certificate Leaving Certificate

Highest Qualification attained (I.e.. Official qualifications, Junior / Leaving or equivalent, Certificates, Diplomas, Degrees etc., HETAC or FETAC qualifications, NCEA, Trade Certs, City & Guilds).

Name & Address of last institution attended (Primary, Post Primary, Colleges of further Education, Institutes of Technology, University etc...)

Years attended from ___/___/___ (dd mm yy)

12. Employment Record (most recent employment first). Please note you MUST show record of your employment for the past 5 years. If you were in education then please enter your education details. If you were unemployed, please state.

Name & Address of Employer/s	Designation of your post	Work Period (From-To)

13. Supporting Statement: Please use this space to include information which you may consider pertinent to your application e.g. nature of work experience, physical activity habits, reasons for applying etc. You may attach an extra page if necessary.

14. Physical Activity Habits (types of exercise, frequency etc)

UL/NCEF Recognition of Prior Learning (RPL)/Exemptions

If you have successfully completed one or more of the above Link-In Modules, you may be eligible to apply for an exemption for the stated module/s through RPL. Please state the name of the Link-In Module and the year you achieved the award/s and complete the RPL document (Download at www.ncefinfo.com or contact NCEF Head Office). This document must be accompanied by the relevant RPL fee, which will be deducted from the overall course fee on successful application.

The name and year you completed the Link-In Module/s: _____

15. Where did you hear of the HCEHF? (Please tick a box)

Website: Facebook: Friend:
Newspaper: Name of Newspaper _____

Data Protection/Privacy Statement

Personal information provided to the National Council for Exercise & Fitness (NCEF) will be treated with the highest standards of security and confidentiality in accordance with the Data Protection Acts 1988 & 2003. The information provided on this form will be held and used for the purpose of processing your application for study. The personal information provided by applicants who are offered and take up a place on a programme of study will also be held for administrative and teaching purposes. It is practice to destroy all application forms at the end of the current academic year.

Applicant Declaration

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 NCEF may cancel my application, withdraw or amend its offer or terminate my registration at the NCEF if any aspect of my application is found to have been falsified.

Consent to verify qualifications/work experience

I hereby give my consent to the NCEF to make enquiries to all referenced institutions/bodies to satisfy itself that the information I have supplied is true and correct.

Signature: _____ Date: _____

I hereby give my consent for the NCEF to keep my email address on file and to notify me about relevant events, courses and promotional offers. YES NO

Signature: _____ Date: _____