

NCEF Education and Training

Link-in Modules 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. Incomplete application forms will NOT be processed. Please ensure all relevant documentation is included to facilitate prompt processing of your application



National Council
for Exercise & Fitness



UNIVERSITY
of
LIMERICK
OLLSCOIL LUIMNIGH

To be filed in BLOCK LETTERS using BLACK INK

Please indicate your wish to attend by ticking the relevant boxes:

30 ECTS Credit Modules

Personal Training (SS3001)

Autumn Weekends Dublin Autumn Weekdays Limerick Spring Weekends Limerick

Strength & Conditioning (SS3111 & SS121)

Autumn Weekends Limerick Spring Weekdays Limerick

Pilates & Corrective Exercise (SS3131, SS3141, SS3151, SS3161, SS3171)

Spring Weekends

15 ECTS Credit Modules

Health Related Activity for Children (SS3021)

Autumn E-Learning Spring E-Learning Summer E-Learning

Facility Operations (SS3061)

Autumn E-Learning Spring E-Learning Summer E-Learning

Fit for Life - Lifestyle Management (SS3031)

Autumn E-Learning Spring E-Learning Summer E-Learning

Studio Cycling (SS3091)

Autumn E-Learning Spring E-Learning Summer E-Learning

Active Ageing for the Older Adult (SS3051)

Autumn E-Learning Spring E-Learning Summer E-Learning

Personal Details

1. First Name: _____ Surname: _____

2. Correspondence Address: _____

3. Tel Home: _____ Tel Work: _____

Mobile: _____

4. E-mail _____

5. Date of Birth: ____ / ____ / ____ (dd mm yy)

6. Country of Birth: _____

7. Nationality: _____

8. Irish PPS No: _____

Gender: F M

9. Educational Qualifications (Please tick appropriate boxes)

Junior Certificate

Leaving Certificate

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

Name & Address of Last Institution attended (Primary, Post Primary, IT's, University etc...)

Years attended: From ____ / ____ (mm yy) to ____ / ____ (mm yy)

NCEF Head Office,
PESS Building,
University of Limerick,
Castletroy, Limerick.
T : 061-202829
F : 061-335911
E : ncef@ul.ie
www.ncef.ie

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

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

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

Emergency Contact Person: _____ Telephone: _____

Where did you hear about us? (Please tick box)

Website Facebook Friend Other Newspaper Please state paper: _____

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 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 to the NCEF to keep my email address on file and to notify me about relevant events, courses and promotional offers:

Signature: _____ Date: _____