

# XLc Project

## Application Form

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

PPS No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone No's: 1. \_\_\_\_\_ (mobile) 2. \_\_\_\_\_ (home)

3. \_\_\_\_\_ (3rd. if any)

Do you have a Medical Card? \_\_\_\_\_ Med. Card No: \_\_\_\_\_

School last attended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Interests / Hobbies: \_\_\_\_\_

Medical Details: (e.g. Dyslexic/ADHD etc.) \_\_\_\_\_

### Educational Details

Have you done the Junior Cert? \_\_\_\_\_

Have you done the Leaving Cert? \_\_\_\_\_

Did you pass 5 or more subjects? \_\_\_\_\_

Did you pass 5 or more subjects? \_\_\_\_\_

How many of those were higher level? \_\_\_\_\_

How many of those were higher level? \_\_\_\_\_

### Parental Consent (Required only of those 15 years or younger)

*I give . \_\_\_\_\_ permission to join and participate in the programme and activities of the XLc Project.*

**Signature:** \_\_\_\_\_ **Parent ( ).** **Guardian ( ).**

**Date:** \_\_\_\_\_

If you are 15 years or younger Parental Consent is required and the school attendance officer must approve your application.

School Attendance Officer: Signed. \_\_\_\_\_

### Referral:

Referred By: \_\_\_\_\_

Tel: \_\_\_\_\_

**Interview:**

Interviewed By: \_\_\_\_\_

### Office Use Only

L.C.

J.C

5th

Date: \_\_\_\_\_