



**LIMERICK INSTITUTE
OF TECHNOLOGY**
**LIMERICK SCHOOL
OF ART AND DESIGN**

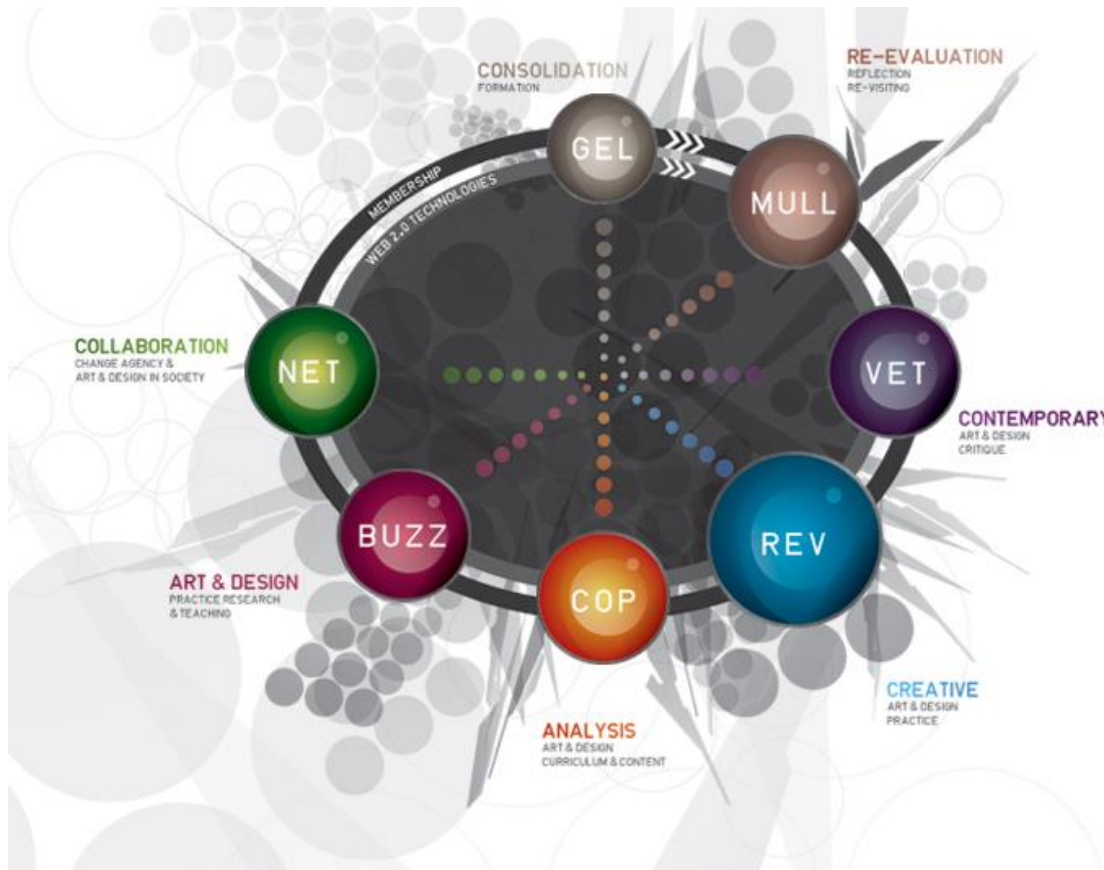
FOR OFFICE USE ONLY

Date Received _____

Offer: Yes No

Request Qualifications:

Signed Head of School/Department:



MASTERS OF ARTS IN ART AND DESIGN EDUCATION

Application Form

1. PERSONAL DETAILS

Surname:

First Name(s):

| | |
|--------------------|---|
| Permanent Address: | Correspondence Address (if different) valid until --/--/-- (please specify) |
| | |
| | |
| | |
| | |
| Home Phone: | |
| Mobile Phone: | |
| Nationality: | |

Email Address:

| | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|-------------|
| Date of Birth: | <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> | d | d | m | m | y | y | y | y | PPS Number: |
| d | d | m | m | y | y | y | y | | | |
| Gender: | Male <input type="checkbox"/> Female <input type="checkbox"/> | | | | | | | | | |

Have you ever been a student at Limerick Institute of Technology? Yes No

Specify course and year of completion:

4. PREVIOUS WORK EXPERIENCE

Please enter current and previous employer details over the last three years

| Employer Name and Address | Phone Number | Job Title/Nature of Work | Dates of Employment: From/To |
|---------------------------|--------------|--------------------------|------------------------------|
| | | | |
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5. PUBLICITY

Please state how the Masters programme at Limerick School of Art and Design came to your attention?

| | | |
|---|--|-------------|
| Newspaper advert (please specify which newspaper) | | |
| Website (please specify the website) | | http://www. |
| Information event (please specify the event) | | |
| Other (please specify) | | |

6. DISABILITY DISCLOSURE

If you consider yourself to have a disability or significant health problem, (please tick the relevant box below)

Yes No

If yes, please give details below and attach medical documentation obtained within the last three years. In addition please provide details below of any special or extra facilities or support you may require.

7. Referees (see information sheet item three)

| Education | Creative/Community |
|-----------|--------------------|
| Name: | Name: |
| Address: | Address: |
| | |
| | |
| | |
| Phone No. | Phone No. |

8. DECLARATION (please tick the box below to confirm the information given in this form)
I confirm that the information given on this form is true, complete and accurate and that no information requested or material information has been omitted. I give my consent to the processing of my data by Limerick Institute of Technology.

Submission

Deadline – Friday 25th May 2018

As part of Stage One of the application process please forward the following items to Muriel Dinneen at the address below (for further details on the application process refer to the Information Sheet accompanying this application form)

1. Application Form
2. Application Portfolio
3. Curriculum Vitae
4. Referees
5. Academic Results

Muriel Dinneen
School Administrator
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