

NCEF Education and Training

Year 1: Certificate in Exercise and Fitness 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.



National Council
for Exercise & Fitness



UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

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

Please tick which venue you are applying for:

1. **Year 1:** Certificate in Exercise & Health Fitness (CEHF)

Limerick Weekend

Cork Evening

Waterford Weekend

Other venue please state: _____

Please note that all CEHF applicants must attach an official copy of their Leaving Certificate results or equivalent. Those who do not hold a Leaving Certificate requirements (Ordinary Level D3 or higher in English, Maths & Irish or another language) or equivalent are eligible to apply through the NCEF/UL Recognition of Prior Learning Scheme.

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)

Please note that the NCEF/UL Programmes of Study are delivered in the English language. All applicants should be proficient in this language.

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

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 5 years. If you were in education then please enter your education details.

Name & Address of Employers	Exact Designation of your Post	Work Period (From - To)

11. Physical Activity Habits (type of exercise, frequency etc.)

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.

Emergency Contact Person: _____ Telephone: _____

Where did you hear? (Please tick box)

Website Newspaper Friend Facebook Other
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 for the NCEF to keep my email address on file and to notify me about relevant events, courses and promotional offers.

Signature: _____ Date: _____