



# Application Form

## Semester II 2019-2020

### Student Information

Name \_\_\_\_\_  
First Name Last Name Middle Initial

Birth date - - Age . Gender . CTYI Student No. \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Student Mobile # \_\_\_\_\_

Student email \_\_\_\_\_ (You should check this account regularly)

### Family Information

#### Parent / Guardian 1

Name \_\_\_\_\_  
First Name Last Name

Relationship to you \_\_\_\_\_

Address (if different to yours) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Work Phone # \_\_\_\_\_

#### Parent / Guardian 2

Name \_\_\_\_\_  
First Name Last Name

Relationship to you \_\_\_\_\_

Address (if different to yours) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Who is the custodial parent?** Parent/Guardian 1      Parent/Guardian 2      Both  
 Other \_\_\_\_\_ (please circle)



## Academic Qualifications

Eligibility for participation in the Early University Entrance Programme is partly based on academic results. Please complete all that applies to you in the subsections below.

### CTYI Assessment History (please tick as applicable)

CTYI Young Student Qualifier	CTYI OS Verbal Qualifier	CTYI OS Maths Qualifier	CTYI OS Verbal & Maths Qualifier	CAT OS Qualifier	CAT Young Student Qualifier	Never Assessed with CTYI

### Junior Cert Results

Subject	Level	Grade

Subject	Level	Grade

### Psychological Assessment

In the case of a psychological report already submitted to CTYI, please indicate the date of assessment: \_\_\_\_\_.  
If available, please include a copy of your most recent psychological assessment with your application.

## Awards & Activities Information

### CTYI Programmes

Please list the courses you have previously taken with CTYI, CAT, or Summer Scholars including the year.

CTYI YS	CAT YS	CTYI OS	CAT OS	Summer Scholars

### Academic Honours

Briefly describe any academic honours or distinctions you have won since the beginning of first year, at your school or otherwise. If necessary, please attach additional information on a separate sheet.

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## School Information

School you attend \_\_\_\_\_ School Roll Number \_\_\_\_\_

Principal \_\_\_\_\_ School Phone Number \_\_\_\_\_

Name of Transition Year Coordinator \_\_\_\_\_

Is this the only secondary school you ever attended? [ ] Yes [ ] No

If no, what school(s) did you attend previously? \_\_\_\_\_ Years Attended \_\_\_\_\_

Have you ever been suspended, expelled, or required to withdraw from any of the schools you attended?

[ ] Yes [ ] No

## Special Educational Needs

Do you have any special educational needs? [ ] Yes [ ] No (This will not affect your application)

If yes, please give details \_\_\_\_\_

## Medical Needs

If you have any special medical needs, please indicate them here.

Do you carry an Anapen or EpiPen or equivalent, for serious allergic reactions? [ ] Yes [ ] No

Please provide details of any medical treatments that you will be taking during the EUE programme? (e.g. for asthma, diabetes, etc.)

Are you under the care of a psychologist, psychiatrist or counsellor? [ ] Yes [ ] No (this will not affect your application)

Have you ever received treatment for behavioural issues? [ ] Yes [ ] No

## DCU Commute

How many miles away from Dublin City University do you live? \_\_\_\_\_

How do you expect to commute to and from DCU?

[ ] bus [ ] walk [ ] cycle [ ] by car with parent/family friend [ ] Unsure right now

## EUE Subject Preference

Please refer to the Student Pack for information on each of the degree programmes available. Only include courses that you would be happy to receive a place on. CTYI will not refund the registration fee if a place is offered but rejected.

Please indicate your degree programme preference in order of 1, 2, 3, etc., where 1 indicates your first preference.

\_\_\_\_\_ **Early University Entrance Biology**

\_\_\_\_\_ **Early University Entrance Engineering**

\_\_\_\_\_ **Early University Entrance Law & Politics**

\_\_\_\_\_ **Early University Entrance Mathematics**

\_\_\_\_\_ **Early University Entrance Psychology**

Please note that where courses are oversubscribed, students will be assigned their 2<sup>nd</sup>, 3<sup>rd</sup>, etc. choices. **Please choose alternative course choices carefully.**

List only those that will be accepted if the student does not receive their 1st choice, **as refunds are not given for course withdrawals from courses chosen.**



# SCHOLARSHIP

## Application Form



One full tuition scholarship is available on each of the Early University Entrance courses. This scholarship will be awarded by **CTY Ireland** on the basis of merit (test scores and age) and/or personal circumstances.

This form should be filled in by the student or parent or legal guardian but must be signed by both parties. All information provided on this form, and all correspondence in connection with the application will be treated in strict confidence by CTYI.

Name \_\_\_\_\_  
First Name Last Name Middle Initial

Home Address \_\_\_\_\_

Number of dependents in family: \_\_\_\_\_

Previous CTYI course (& year) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other awards and scholarships received (year and amount) \_\_\_\_\_  
\_\_\_\_\_

In order to be considered for this scholarship, parents or legal guardians must provide the information requested. Normal registration procedures outlined in the EUE Application Form must also be followed. The student awarded the scholarship will be refunded the tuition deposit paid at registration. **For this reason, if applying for a scholarship it is preferable to pay the registration fee of €200 by credit/debit card** as it is easier to refund if you are successful. To apply for this scholarship, the student's first course choice (as given on their application form) will be considered.

All scholarship applicants will be notified by post of the outcome of their applications.

**Interested students or parents should write an accompanying letter stating the full reasons (i.e. academic achievements and/or personal circumstances) why the applicant should receive the CTY Ireland scholarship.**

I certify that the information given on this form is correct.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



## Student Consent Form

**This statement must be read carefully.**

**It must be signed and dated by the applicant.**

I understand and accept that the personal data relating to the applicant provided on this form will be used by CTYI for the purposes of processing this application for this course. This personal data will be retained until your child reaches the age of 18 years old and then destroyed. CTYI will be the data controller in respect of such personal data. For further information on CTYI's data processing, including your data protection rights, please see our website <http://www.dcu.ie/ctyi/CTYI-Policies.shtml>

I have read the materials describing the 2019-20 Early University Entrance Programme at Dublin City University. I understand that I must notify my local school of my intended educational programme. I fully understand that my eligibility for the Programme is based on SAT/PSAT scores, or relevant academic achievements.

If accepted, I will follow the guidelines and rules established for all aspects of the Programme. I realise that if I do not, I may be required to leave the Programme, and furthermore, that this may affect my relationship with CTYI in the future.

I understand that I will be unsupervised for long periods while participating on the Early Entrance Programme.

I give the programme access to my academic records at CTY Ireland. I am happy to share my Junior Certificate results with the programme also.

I understand that this Programme is arranged by the Centre for Talented Youth, Ireland and therefore my relationship is with them, and not with Dublin City University.

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Signature

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Date



# Parent/Guardian Consent Form

**This statement must be read carefully.**

**It must be signed and dated by the applicant's parents or legal guardians.**

I understand and accept that the personal data relating to the applicant provided on this form will be used by CTYI for the purposes of processing this application for this course. This personal data will be retained until your child reaches the age of 18 years old and then destroyed. CTYI will be the data controller in respect of such personal data. For further information on CTYI's data processing, including your data protection rights, please see our website <http://www.dcu.ie/ctyi/CTYI-Policies.shtml>

I have read the materials describing the 2019-20 Early University Entrance Programme at Dublin City University, including the preceding statement signed by my child, and I approve my child's application for admission. I understand that I am responsible for any loss, damage or injury sustained by third parties as a result of the wilful activities or negligence of my child. I understand that I will be responsible for the cost of repairing or replacing any property that my child damages on the university campus.

I understand that although CTYI can assist my child in planning their future education, I will be fully responsible for mediating between my child and their school in order to gain credit and/or placement on the Early University Entrance Programme.

I give permission for my child to be videotaped, photographed, interviewed, and/or have a sample of their work published. I understand that CTYI will exercise discretion regarding media content and will contact me in advance to give me notification.

I understand that all information conveyed in correspondence with the Programme will be treated sensitively and professionally and that confidentiality is assured.

I am aware that there may be some follow up research (questionnaires, interviews, focus groups etc.), but that I have the option to not participate.

I understand that this Programme is arranged by the Centre for Talented Youth, Ireland and therefore my relationship is with them, and not with Dublin City University.

I designate the person named below to act on my behalf and to receive my child if I cannot be contacted in case of expulsion. I understand that this person WILL be contacted should an emergency arise and/or in the case of a breach of rules or expulsion if I cannot be contacted.

I understand that my child is not entitled to participate in end of semester examinations if they are expelled before the end of the semester.

I give the researcher access to my child's academic records at the Centre for Talented Youth, Ireland. I am happy for the researcher to have details of my child's Junior Certificate results.

I understand that my child will be unsupervised for long periods during their participation on the Early Entrance Programme.

I understand that I am liable for the programme fee should my child be successful.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Emergency Contact (if custodial parent(s) or legal guardian is unavailable)

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Mobile Number

\_\_\_\_\_  
Work Number



# Fee Payment Form

# Early University Entrance

Payment may be made by cheque, postal order, bank draft, credit or debit card. Cash is not accepted

**The registration fee of €200 is required with application**

- Fees may be paid in full, if desired.
- If you would like us to process the **BALANCE OF FEES** on the \_\_\_\_\_ (date), please sign here:  
\_\_\_\_\_

Student Name: _____	CTYI Student Number: _____
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## Cheque, Bank Draft or Postal Order Payments

Please make cheques/bank drafts/postal orders payable to "**CTYI**" and cross with words Account Payee Only.  
**Write Student's Name on the back of the cheques/bank drafts/postal orders.**

I enclose €\_\_\_\_\_ for the course fees. I understand that the full fees must be paid at this time.

Name of drawer (the person signing cheque) (please print) \_\_\_\_\_

## Visa, Laser & MasterCard Payments

Name of Card Holder: \_\_\_\_\_ (please print)

Visa or MasterCard \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Laser \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Expiry Date: \_\_\_\_\_ I authorise the processing of €\_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date: \_\_\_\_\_

### Donations CTYI Access

CTYI endeavours to provide financial assistance to students who find it difficult to cover the cost of attending our programmes. If you think you may be able to donate money to this great cause, please tick one of the boxes below. If you are paying by cheque please make one payment with the total amount including your fees and if paying by credit card please indicate the total amount that you authorise to take off the card.

€10      €20      €30      €50      €100      €\_\_\_\_\_ other

**Closing Date for Applications is the 15<sup>th</sup> November 2019**







Post Applications to:

Early University Entrance Programme

**CTY Ireland**

**Dublin City University**

**Dublin 9**

### **Application Checklist**

Please ensure that your application includes the following information.

- Completed **Application Form**
- **Recommendations** submitted to teachers for completion – these should be sent to us from the teachers/school (New Semester 2 Students ONLY)
- **€200 Registration Fee** (made payable to "CTYI")
- Parent and student **Consent forms** signed and dated
- Copy of Psychologist's report, *if requested by CTYI*

**Closing date for applications is:**

**Friday 15<sup>th</sup> November 2019**