

APPLICATION FORM

Semester II 2020 - 2021

Student Information

First Name	Last I	Name Middle Initial
Birth date	Age . Gen	der <u>CTYI Student No.</u>
Home Address		
Home Phone #	Student I	Mobile #
Student email		(You should check this account regularly
Family Information	1	
Parent/Guardian 1		Parent/Guardian 2
Name	<u>.</u>	Name
First Name Last Na	nme	First Name Last Name
Relationship to you	<u>.</u>	Relationship to you
Address (if different to yours)	<u>.</u>	Address (if different to yours)
Home Phone #	<u>.</u>	Home Phone #
Mobile Phone #		Mobile Phone #
Email	<u>.</u>	Email
Work Phone #		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 Older Student Verbal Qualifier	CTYI Older Student Maths Qualifier	CTYI Older Student Verbal & Maths Qualifier	CAT Older Student Qualifier	CAT Young Student Qualifier	Never Assessed with CTYI

i sycilological Assessifieti	Ps	ycho	logical	Assessmen	t
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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 <u>year</u>.

CTYI Young Student	CAT Young Student	CTYI Older Student	CAT Older Student	Summer Scholars

Academic Honours

Briefly describe any academic honours or distinctions you have earned since the beginning of first year, at your scor 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	<u>.</u>		
Is this the only secondary school you ever attended? [] Y	es [] No		
If no, what school(s) did you attend previously?	Years Attended .		
Have you ever been suspended, expelled, or required to wi	thdraw 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	n here.		
Do you carry an Anapen or Epipen or equivalent, for seriou	s allergic reactions? [] Yes [] No		
Please provide details of any medical treatments that you we diabetes, etc.)	vill be taking during the EUE programme? (e.g. for asthma,		
Are you under the care of a psychologist, psychiatrist or con Have you ever received treatment for behavioural issues?	unsellor? [] Yes [] No (this will not affect your application) [] Yes [] No		
DCU Commute How many miles away from Dublin City University do you li	ive?		
How do you expect to commute to and from DCU?			
[] bus [] walk [] cycle [] by car with pa	rent/family friend [] Unsure right now		



EUE Subject Preference

Please refer to the Student Pack for information on each of the degree programmes available. <u>Only</u> 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 Philosophy
 Early University Entrance Physics
 Early University Entrance Psychology

Please note that where courses are oversubscribed, students will be assigned their 2nd, 3rd, 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.**

Letter of Motivation

EARLY UNIVERSITY ENTRANCE

Please explain your motivations in applying for a place on the Early University Entrance Programme. You may wish to consider the following questions in your response: Why do you think you would be a suitable candidate? What would a place on the Programme mean to you? How would a place on this Programme help you to achieve your academic and personal goals?

(If you require additional space, please attach a separate page)



SCHOLARSHIP

APPLICATION FORM

Date



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 (academic achievement 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				<u>.</u>
	First Name	Last Name	Middle Initia	I
Home Ad	ldress			
Number o	of dependents in fami	ly:		
Previous (CTYI course (& year)			
Other awa	ards and scholarships	received (year and amount		
Normal re scholarsh preferab	egistration procedures hip will be refunded the le to pay the registra	s outlined in the EUE Applic e tuition deposit paid at reg ation fee of €200 by credi	ation Form must also istration. For this rea t/debit card as it is o	ust provide the information requested. o be followed. The student awarded the ason, if applying for a scholarship it is easier to refund if you are successful. To plication form) will be considered.
All schola	arship applicants will b	e notified by post of the ou	tcome of their applic	cations.
	-			ating the full reasons (i.e. academic ceive the CTY Ireland scholarship.
I certify th	hat the information giv	ven on this form is correct.		
Signature	of Student	Signature of Parent or L	egal Guardian	Signature of Parent or Legal Guardian



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 21 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 2020-21 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.



Home Number

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 21 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 2020-21 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.

Signature of Parent or Legal Guardian

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

Work Number

Mobile Number



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.



The fees for the Early University Entrance Programme are €800 per semester.

Semester fees are paid in two portions:

- A <u>€200 registration fee should accompany your application</u>. (This is refundable if you don't get offered a place).
- The remaining <u>€600 fee will fall due on the Friday,15th January 2021</u>.

Payment can be made by cheque, bank draft, postal order, or credit/debit card.

<u>Cheques & POs should be made payable to "CTYI".</u> Cash is not accepted.

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 do If you would like us to proce sign here: 	lesired. ess the BALANCE OF FEES on the	(date), please
Student Name:	CTYI Student Number:	
Donations CTYI	Access	
programmes. If you think you ma If you are paying by cheque pleas credit card please indicate the tot	ncial assistance to students who find it difficult to cover the ay be able to donate money to this great cause, please tick se make one payment with the total amount including your tal amount that you authorise to take off the card.	one of the boxes below.
€10 €20 €	€30 €50 €100 € other	
Cheque, Bank Dra	oft or Postal Order Payments	
Please make cheques/bank drafts/p	postal orders payable to " <u>CTYI</u> " and cross with words Account Pa	ayee Only
Write Student's Name on the back	k of the cheques/bank drafts/postal orders.	
I enclose € for the cour	rse fees. I understand that the full fees must be paid at this time	e.
Name of drawer (the person signin	ng cheque) (please print)	
Visa, Laser & Mas	sterCard Payments	
Name of Card Holder:		(please print)
☐ Visa or MasterCard		_
☐ Laser		
Card Expiry Date:		
I authorise the processing of the to	otal amount of €	
Does this amount include an Access	s Scheme Donation Yes No	
Does your child attend a DEIS Acce	ess Scheme School? (as listed in the EUE brochure on page 19)	☐ Yes ☐ No
Signature of Cardholder	Date:	



closing date for applications Friday 20th November 2020

Post Applications to:

CTY IRELAND

DUBLIN CITY UNIVERSITY

DUBLIN 9