



R26J
**Certificate in Homeless Prevention
 And Intervention**

PLEASE TYPE YOUR RESPONSES

SECTION 1: PERSONAL DETAILS

First Name: _____ **Surname:** _____

Date of Birth: _____ **Nationality:** _____

Country of Birth: _____ **PPS No:** _____

Home Address: (Address for all correspondence)

Work address: _____

Invoice address: _____

Telephone: _____ **Mobile Number:** _____

Email Address: _____ **Organisation:** _____

Service Name: _____ **Manager Name:** _____

Manager Email: _____ **Manager Telephone:** _____

Next of Kin Details (to be contacted in case of emergency):

First Name: _____ **Surname:** _____

Address: _____

Telephone: _____ **Relationship to Student:** _____

SECTION 3: PERSONAL SUITABILITY

Your responses in this section will be used to assess your motivation and preparedness to undertake this programme. Therefore, before applying for a place on the Certificate in Homeless Prevention and Intervention please read the details relating to the programme structure and entry requirements. Please note in particular the requirement that you must be actively engaged in assessment and support planning with people who are homeless.

1. Describe why you would like to undertake the Certificate Programme and how your engagement would support your current work as a practitioner within the homeless sector

2. Please indicate how your educational/occupational experience is relevant to your application for this programme

3. Please describe your engagement in and commitment to working with assessment and support planning processes in your current role

SECTION 4: DECLARATIONS

In order to undertake the Certificate Programme you are required to:

- Have access to a computer and have proficiency in the use of computer based programmes including email and the internet. Please provide details of your ability to meet this requirement.

- Commit to full attendance and completion of required module assignments. Please outline your commitment in relation to these areas

It is not a mandatory requirement for an applicant to disclose their disability if they do not wish to do so. However, where a student chooses to disclose their disability, it is advisable to notify the DCU Disability Service on acceptance of a programme place so as to enable the Disability Service to provide reasonable supports to the student during their time at DCU. No applicant will be disadvantaged as a result of disclosing information pertaining to a Medical Condition/Disability.

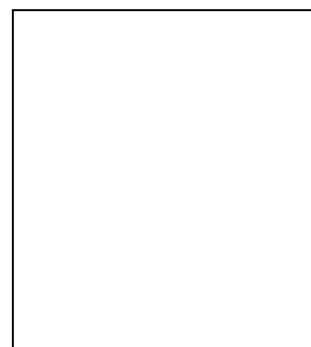
Intending applicants may contact the disability service on tel: +353 (01) 7005927 or email: disability.service@dcu.ie for further information.

DECLARATION:

I certify that the information given in this application is correct and I hereby undertake, if admitted as a student member of Dublin City University, to observe and comply with all the regulations of the University.

*Signature of Applicant: _____
(Mandatory)

Date: _____



Data Protection Notice: Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the DCU Data Protection Policy, which can be viewed at the following website address: <https://www.dcu.ie/ocoo/data-protection.shtml>

Please return the completed application form by Friday 5th June 2020, ensuring that you have signed the declaration above together with the necessary supporting documentation to:

Admissions, Registry, Henry Grattan Building, Dublin City University, Dublin 9.

University Use Only:

ID Number: _____ Date: ____ / ____ / ____