



University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Tel: 353-21-4903571

E-mail: khennessy@ucc.ie

EVENING BCL 2017-2021

Closing Date for receipt of completed forms: *The closing date has been extended to 5pm on Friday 21st April 2017.*

Entry Requirements: Selection will be made on the basis of your application form and assessment test. Applicants already holding a degree at Level 7 or higher on the National Framework of Qualifications will not be required to sit the Assessment Test. All other applicants are required to attend the Assessment Test.

Assessment Test: *A second assessment test for those applying by the extended closing date will take place at 7pm on Wednesday 26th April 2017 in ALG30 Lecture Theatre, Áras na Laoi. Applicants will not receive separate notification of the test after the closing date.*

Further Information: For further information on the School of Law, please visit www.ucc.ie/en/lawsite.

SURNAME: Click here to enter text.
(As on birth certificate)

MARRIED NAMES: Click here to enter text.
(if applicable)

FORENAMES: Click here to enter text.
(As on Birth Certificate)

TITLE: Click here to enter text.
e.g. Ms., Mr., Rev., etc

DATE OF BIRTH: Click here to enter text.

SEX: Click here to enter text.

(F or M) (For statistical purposes only, NOT part of the selection process)

ADDRESS FOR CORRESPONDENCE:

(Please specify dates for which this address will be relevant)

Click here to enter text.

TEL. NO: Click here to enter text.

MOBILE TEL. NO: Click here to enter text.

COUNTRY OF BIRTH: Click here to enter text.

COUNTY OF BIRTH: Click here to enter text.

NATIONALITY: Click here to enter text.

PPS. NO. Click here to enter text.

PERSONAL EMAIL ADDRESS: Click here to enter text.

PERMANENT HOME ADDRESS:

(This address will be used at times other than those stated above)

Click here to enter text.

EDUCATION:			
Second Level Education (Highest Level obtained)			
Qualification achieved e.g. Leaving	Year	Subjects	Level/Grade Achieved
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Post-Secondary Education (Highest Level obtained)			
Qualification achieved e.g. Certificate/Diploma/Degree	Year	Subjects	Level/Grade Achieved

	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Use an additional page if necessary.

PREVIOUS EMPLOYMENT:

Previous Relevant Experience (that will support your application)

Employer Name and Address	Dates (From, To)	Duties
Click here to enter text.	Click here to enter text.	Click here to enter text.

Use an additional page if necessary.

Name of current Employer (if applicable):

Click here to enter text.

Current Employers Address:

Click here to enter text.

Employers Email Address: Click here to enter text.

Main Duties: Click here to enter text.

Date of commencement: **Click here to enter text.**

Work Telephone: **Click here to enter text.**

Employment Status (please tick): Full-time Part-time

Do you have any special needs?

Yes No

If yes, please explain: **Click here to enter text.**

ADDITIONAL INFORMATION RELATING TO OTHER ATTAINMENTS OR SPECIAL QUALIFICATIONS:

Using the space below, the applicant should state why he/she is interested in this course and refer to the experience and/or personal qualities that especially equip him/her for the programme.

Click here to enter text.

INTERESTS & HOBBIES

Click here to enter text.

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS, INSTITUTIONS, ETC.:

Click here to enter text.

GENERAL:

FOR RECORD PURPOSES, PLEASE INDICATE IF:

Have you previously applied for admission to UCC? Yes No

If so, state course(s) [Click here to enter text.](#) Year [Click here to enter text.](#)

Have you applied through the CAO for 2017/18? Yes No

If so, state CAO number [Click here to enter text.](#)

HOW DID YOU HEAR ABOUT THE PROGRAMME:

Newspaper Mail Previous Graduate
Practicing Solicitor/Barrister Other

If other, please state: [Click here to enter text.](#)

DECLARATION:

[Applicant](#)

I certify that the information provided in this application form is accurate and true to the best of my knowledge. I understand that providing incomplete or false information may result in my application not being processed.

Signature of Applicant: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

CHECK THAT YOU HAVE ACCURATELY COMPLETED ALL SECTIONS AND TICK EACH BOX BELOW AS COMPLETE:

The following should accompany this form.

- (i) A **non refundable** application fee of €35. Fee payment should be made by bank draft, cheque, postal order, cash. and made payable to University College, Cork.
- (ii) Original Birth Certificate (or certified copy*) and original Marriage Certificate (or certified copy) (if applicable)
- (iii) Original Leaving Certificate Results (or certified copy*)
- (iv) Full academic transcript(s) of University (if not previously a student at UCC)
- (v) Documentary evidence of degrees/diplomas from institutions other than UCC, must be lodged if you wish to have these on record at UCC.
- (vi) **Two passport size photographs.**

Return this form to:
Ms Karen Hennessy Admissions Office West Wing, UCC Cork Telephone: 021 490 3571 E-mail: khennesy@ucc.ie

This form should be completed and returned to the Admissions Office, University College Cork no later than 5pm on Friday 21st April 2017

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