



LCA Application Form

Please complete all sections of this application form and return by Friday 12th of March.

Please use block capital letters.

Section 1: Personal Details

Name _____

Address _____

Parent/Guardian name _____

Parent/Guardian mobile number _____

Please confirm that you have updated your contact details on our website: Yes No

Section 2: Performance to date

Please rate yourself under the following headings by putting a tick in the correct box.

| | Very Good | Good | Not Good |
|--------------------------------|-----------|------|----------|
| Attendance | | | |
| Ability to follow instructions | | | |
| Ability to take correction | | | |
| Completion of homework | | | |

Section 3: About You

Why do you want to do the Leaving Certificate Applied (LCA) course?

What do you think you could contribute to the LCA course?

What are your hobbies and interests?

The Leaving Cert Applied course requires you to complete four work placements. If your application is successful how will you go about finding work placements?

Section 4: Course Requirements

If your application is successful are you prepared to do the following?

| | | |
|---|------------------------------|-----------------------------|
| Have 90% attendance for each subject module. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Complete all Key Assignments for each module. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Complete seven 'Tasks'. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Meet all deadlines for Key Assignments and Tasks set by individual teachers and the Department of Education and Skills. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Behave excellently always in school and for all outdoor activities. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bring all necessary equipment, books and resource materials. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bring all P.E. gear and actively participate in all lessons. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Be co-operative, courteous, friendly and adult-like in your relationships with your teachers and classmates. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Take full responsibility for arriving at school on time and to every class on time. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Section 5: Personal Statement

Is there anything you would like to add that might help your application?

Student's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

Please note: This form is one part of the selection process for LCA which also includes an interview.