

Gaelcholáiste Mhic Shuibhne

Foirm Iarratais Chlárúcháin
(Student Application Form)
2023/2024

Ainm iomlán an dalta:

(Pupil's Full Name)

Seoladh Baile:

(Address)

Uimhir ghutháin: _____

(Telephone number of Parent/Guardian)

Seoladh ríomhphoist: _____

(Email address of Parent/Guardian)

Dáta Breithe: _____ / _____ / _____

(Date of Birth)

Bunscoil: _____

(Primary school currently attended by your child)

Ainmneacha Tuismitheoirí nó Caomhnóirí:

(Name(s) of Parent(s)/Guardian(s))

Aon eolas eile:

(Any other relevant information you may wish to supply)

Ráiteas um Chosaint Eolais
(Data Protection Statement)

Acknowledgement

By applying for and/or attending a CETB school/college/programme, I acknowledge that CETB may process my personal data (e.g. name, address, contact details, education), including sensitive personal data (where I opt to provide this information eg. racial or ethnic origin) that CETB collects about me in connection with my application for and attendance on a CETB education/training programme. I acknowledge that CETB may share my personal data (including my sensitive personal data) within your organisation and also with third parties in the education sector as well as other third parties listed in [Section 3 of CETB's Data Protection Policy](#).

I acknowledge that I have reviewed [CETB's Privacy Statement](#) which sets out the full details regarding the processing of my personal data. I understand that I may also address any questions, comments and requests regarding CETB's data processing practices at dataprotection@corketb.ie.

Signature: _____

Date: _____

Footnote:

The Privacy Statement and Data Protection Policy referred to above are available at:
<http://cork.etb.ie/wp-content/uploads/sites/20/2018/05/CETB.Privacy-Statement-Students.pdf>; and
<http://cork.etb.ie/wp-content/uploads/sites/20/2018/05/CETB-Data-Protection-Policy-250418.pdf>

I wish to have the above-named child considered for registration in ***Gaelcholáiste Mhic Shuibhne***.

I accept that this is an Application Form and not a Registration Form.

Sínithe (Signed): _____

Dáta (Date): _____
(Parent/Guardian)

PLEASE NOTE:

Ní mór an fhoirm seo a sheoladh chuig:
(Please return this form to)

An Príomhoide,
Terence MacSwiney Community College,
Harbour View Road,
Hollyhill,
Cork

Application Closing date: 26ú Samhain 2022/ 26th November 2022