



FOR OFFICE USE ONLY

Date Received _____

Offer: Yes No

Request Qualifications:

Reserve List:



MA IN ART AND DESIGN :
SOCIAL PRACTICE AND THE CREATIVE
ENVIRONMENT
APPLICATION FORM

1. PERSONAL DETAILS

Surname:

First Name(s):

Permanent Address:

Correspondence Address (if different) valid
until --/--/-- (please specify)

Home Phone:

Day Phone:

Mobile Phone:

Nationality:

Email Address:

Date of
Birth:

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

PPS
Number:

Gender:

Male

Female

Are you currently or have you ever been a student at
Limerick Institute of Technology?

Yes

No

In which mode are you interested in applying to
study the MA programme?

Full-time

Part-time

2. QUALIFICATIONS

State the highest qualifications you hold or expect to hold prior to admission, and any other qualifications relevant to your application

Names & Addresses of Institution Attended	Major areas of Specialisation	Period of Study		Qualification	Award Levels (e.g. 1st Class Honours)
		From	To		

3. DETAILS OF OTHER COURSES (e.g. In career and short courses)

Names & Addresses of Institution Attended	Major areas of Specialisation	Period of Study	
		From	To

4. INTEREST IN POSTGRADUATE STUDIES IN ART/ DESIGN

Please state your interest in pursuing postgraduate studies in art and design?
Please also mention any interest/experience you might have in the area of socially engaged practice (additional sheet may be attached if necessary)

5. PREVIOUS WORK EXPERIENCE

Please enter current and previous employer details over the last three years

Employer Name and Address	Phone Number	Job Title/Nature of Work	Dates of Employment: From/To

6. PUBLICITY

Please state how the Masters programme at Limerick School of Art and Design came to your attention?

Newspaper advert (please specify which newspaper)		
Website (please specify the website)		http://www.
Information event (please specify the event)		
Other (please specify)		

7. DISABILITY DISCLOSURE

If you consider yourself to have a disability or significant health problem, (please tick the relevant box below)

Yes No

If yes, please give details below and attach medical documentation obtained within the last three years. In addition please provide details below of any special or extra facilities or support you may require.

7. Referees

Academic	Professional (art, design, etc.)
Name:	Name:
Address:	Address:
Phone No.	Phone No.

8. DECLARATION

(please tick the box below to confirm the information given in this form)

I confirm that the information given on this form is true, complete and accurate and that no information requested or material information has been omitted. I give my consent to the processing of my data by Limerick Institute of Technology.

Please note that applicants will also need to undergo Garda Vetting, as many students may work with groups containing children and/or vulnerable adults.

Please complete this Application Form and email it to muriel.dinneen@lit.ie

Or

Post a hard copy of your application to:

Muriel Dinneen
School Administrator
Limerick School of Art and Design LIT
Clare Street
Limerick.
Tel: 061-293871 Fax: 061-311496