



Application Form 2010 – Confidential

Programme to be attended _____

Commencement date _____

UCD Student number

 (if applicable)

**Affix 2 current
 passport size
 photographs**

Personal Details

1. Surname _____ First Names _____

Mother's Maiden Name _____ (For verification of ID – *diploma programmes only*)

2. Permanent Address

Contact details:

Home _____
 Work _____
 Mobile _____
 E-mail _____

3.

| Date of Birth | Age | Gender | Nationality | Country of Birth |
|---------------|-----|--------|-------------|------------------|
| | | | | |

4. Education

Degree or qualification _____ Dates _____ Institution _____

5. Employment

Current Employer _____

Job title _____

Responsibilities _____

Number of employees reporting to you; Directly _____ Indirectly _____

Please briefly indicate some of the main challenges you personally confront in your current role:

6. Please state two personal objectives for attending this programme as well as your organisation’s objectives for sponsoring you (where applicable)

(Attach a separate sheet if necessary)

Personal objectives

Organisation’s objectives

7. How did you hear about the programme? _____

I hereby declare that the information I have provided is true to the best of my knowledge.
(Any deliberate misrepresentation may be grounds for refusing admission.)

If my application is successful, I hereby authorise that UCD may circulate my personal details (address, phone and email) to course leaders and fellow participants at the start of the programme, to facilitate interaction amongst participants.

Applicant’s Signature _____ Date _____

Please return completed form to:
Executive Education
UCD Michael Smurfit Graduate Business School
Carysfort Avenue, Blackrock, Co. Dublin
Tel: (01) 716 8889 Fax: (01) 716 8997

Sponsoring Executive Form

This part of the form is to be completed by a sponsoring executive, where applicable, and not the applicant. Where the programme is self-funded, the applicant should complete the Sponsoring Executive Form.

Surname _____ First Names _____

Job title _____

Company name _____

Company Address _____

Tel _____ Fax _____ Email _____

Billing information (*Name invoice should be sent to if different from above*)

Name _____

Job Title _____

Purchase Order Number _____ (*if applicable*)

I confirm that I have read and accepted UCD Smurfit School's Executive Education cancellation policy. I also confirm that I am authorised by my organisation to form a contractual relationship with UCD Smurfit School in connection with this application.

If accepted on this programme, I understand that the applicant must be completely free of professional duties while attending and that he/she must attend all scheduled sessions.

Sponsoring executive signature _____ Date _____

Cancellation Policy

Cancellations received more than six weeks prior to the commencement of the programme are not subject to any penalty.

Cancellations received after that time incur the following penalties:

4-6 weeks 25% of programme fee

2-4 weeks 50% of programme fee

Less than 2 weeks 100% of programme fee

If a candidate does not attend, the full fee will be retained as a cancellation charge.