



## POSTGRADUATE SUMMER COURSES APPLICATION FORM 2010/11

**In conjunction with Waterford Teachers' Centre and Kilkenny and Co. Wexford Education Centres**

**Personal Details** – (Please complete in block capitals)

Surname:

First Name(s)

Home Address:

Phone Number:  Mobile Number:

Email:

Teacher  Primary  Post-Primary  Other

School

Years of Experience

**Please attach copies of your Primary Degree and relevant qualifications.**

Date of Birth: \_\_\_ / \_\_\_ / 19\_\_\_ Gender: Male  Female   
DD MM YY

**Module Choice**

***Please tick the module(s) that you wish to attend in the Summer***

Module	Date	Module Fee	Choice
Academic Enquiry	1, 2, 5, 6 and 7 July 2010	€400	
Reflective Practice	23-27 August 2010	€400	

**Please tick your Preferred Location**

Co. Wexford Education Centre  Enniscorthy

Kilkenny Education Centre

WIT

