



**RCSI**

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## **Traveller Community Access Programme Application Form**

If you would like to be considered for more than one programme, please select course listed below in order of preference, i.e. 1 = 1<sup>st</sup> choice, 2 = 2<sup>nd</sup> choice and 3 = 3<sup>rd</sup> choice

MEDICINE

PHARMACY

PHYSIOTHERAPY

Before this application can be considered the Admissions Office must receive all of the following:

1. This form completed in details with a copy of second level results
2. Two recent passport photographs signed on the back
3. Copy of birth certificate or passport, clearly showing name, nationality and date of birth



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## PERSONAL DETAILS

Surname (as on birth certificate):

First Names:

Gender:

Home Address:

City/Town :

County:

Phone (home):

Mobile:

Address for Correspondence (if different from home address):

Nationality:

Place of Birth:

Date of Birth:

PPS number:

Parents/ Guardians: (i)  
(ii)

## SECOND LEVEL EDUCATION

Last Secondary School Attended

School Name:

School Address:

Start Date:

End Date:

If you have completed your second level schooling, what examination did you take; e.g. Irish Leaving Certificate, A-Levels, etc.

What year did you sit the examinations:



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Please indicate the grades obtained in the examinations and choose either higher level or ordinary level:

<b>SUBJECT</b>	<b>GRADE ACHIEVED</b>	<b>LEVEL</b>
English		
Mathematics		
Biology		
Chemistry		
Physics		
Irish		
Another language		
Other subjects:		

If you are completing your second level schooling this year, what examinations are you sitting, e.g. Irish Leaving Certificate, A-Levels, etc.

Please indicate the grades obtained in the examinations and choose either higher level or ordinary level:

<b>SUBJECT</b>	<b>GRADE EXPECTED</b>	<b>LEVEL</b>
English		
Mathematics		
Biology		
Chemistry		
Physics		
Irish		
Another language		
Other subjects:		



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Have you attended College/University before?      Yes                                  No

If yes, state name of College/University:

Course Title:

Did you complete this course?                                  Yes                                  No

If you did not complete this course please state reasons why:

Why do you want to study Medicine, Pharmacy or Physiotherapy?

Hobbies and Interests:



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Please add any other information which you feel may be relevant to your application:

Applicant signature

Date

This completed form, together with the documents stated, should be sent to:

The Access Officer  
RCSI Student Services office  
123 St Stephen's Green  
Dublin 2