



Glenard University Residence

36 Roebuck Road
Clonskeagh
Dublin 14
glenard@indigo.ie

APPLICATION FORM

Surname:..... Christian Name:.....

Address:..... Date of Birth:.....

.....

.....

.....

(PHOTO - optional)

Telephone Number:.....

E-mail:.....

Nationality:.....

Religion:.....

University attending:

Faculty:

Intended Profession:.....

Most recent third level examination results:

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Schools attended (give dates):.....

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Leaving Certificate Results:.....

(or equivalent exam Results).....

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Positions of responsibility held (School/Clubs/Societies):.....

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Cultural and Sporting Interests:.....

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.....

Work experience:

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Reason for seeking a place in Glenard:.....

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.....

Other Information:

(These questions are to ensure that the Management is able to take appropriate care of each Resident.
All information is treated as strictly confidential)

Are you suffering from any disability or serious illness?.....

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Do you require a diet for medical reasons?.....

(If yes, please attach a detailed breakdown of dietary requirements)

Any other relevant information:.....

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How did you hear about the Residence? (e.g. Accommodation Office, internet, relations, etc.):

.....

Names of two referees who will be forwarding references directly to Glenard via post,
fax or e-mail:

Referee 1 (academic):

Referee 2 (employer, coach etc.)

Name:.....

Name:.....

Address:.....

Address:.....

.....

Signature of applicant:.....

To be completed IN BLOCK CAPITALS by Parent/Guardian

Name:..... Occupation:.....

Daytime contact telephone number:.....

I have read the prospectus/website of the Residence and agree to the application of my daughter/ward.

Signature:..... Date:.....