



Course Application Form

*Certificate in Horticulture – QQI Level 5 Major Award
Full-time programme of study starting April 2024*

Complete this application form to apply for a place on the QQI Level 5 Certificate in Horticulture full time course located at the Mount Congreve School of Horticulture. Course applications are processed jointly by WWETB and the Mount Congreve School of Horticulture.

All personal information provided as part of the application is kept safe and confidential in line with current data protection regulations.

What you need to complete this form

- Your Personal Public Service Number (PPSN).
- Your medical card number if you have one.
- Specific information if you are from outside the European Economic Area (EEA).

Next steps

1. Fill-in sections 1-7 of the form. Ask our Education Programme Coordinator if you have any questions or if you need help filling in the form. Email your queries to educationadmin@mountcongreve.com
2. Please return your completed and signed form to the Mount Congreve School of Horticulture, Mount Congreve Gardens, Kilmeaden, Waterford, X91 PX05. You can email a copy of your completed application form directly to educationadmin@mountcongreve.com
3. Following receipt of your application our Education Programme Coordinator will contact you directly to confirm receipt of your application form. We will then arrange a time for you to visit the Mount Congreve School of Horticulture to progress your application and meet with the Coordinator to explore the course in more detail.

Please note that submission of this Course Application Form do not constitute an offer of a place on this WWETB course. Consideration is given to all applications received and following consultation from the WWETB Training Officer, offers of course places will be made by the Education Programme Coordinator in writing to successful applicants.

Section 1: Course Details	
Course Title	HORTICULTURE – MAJOR AWARD QQI LEVEL 5 (5M2586)
PLSS reference code	397862
Centre Code	WW1WA C83
WWETB Training Officer	Dominika McCarthy

Section 2: Your Personal Details			
Applicant Name:		PPSN	
Address		Gender	
		Date of Birth	
Eircode/Postcode		Nationality	
Contact Mobile No.		Country of Birth	
Contact Email		Resident in Ireland	YES <input type="checkbox"/> NO <input type="checkbox"/>

Section 3: Your Employment Status			
Please indicate below which status best reflects your current employment status (tick one box only):			
Unemployed	<input type="checkbox"/>	Employed full-time	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>	Self-employment	<input type="checkbox"/>
Engaged on home duties	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Inactive for other reasons	<input type="checkbox"/>		

Section 4: Your Social Welfare Status before starting the course			
Do you have a Medical Card (tick one box only):		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Which of the following applies to you before starting the course (tick one box):			
In receipt of a social welfare payment	<input type="checkbox"/>	Signing for credits	<input type="checkbox"/>
Dependant of a social welfare recipient	<input type="checkbox"/>	None of the above	<input type="checkbox"/>

Section 4.1: Complete this section if you are in receipt of a Welfare Payment

What payment(s) do you receive (tick one or more boxes):

Carer's Allowance	<input type="checkbox"/>	Community Employment Scheme	<input type="checkbox"/>
Disability Benefit/Allowance	<input type="checkbox"/>	Direct Provision Payment	<input type="checkbox"/>
Illness Benefit	<input type="checkbox"/>	Invalidity Pension	<input type="checkbox"/>
Jobseeker's Benefit	<input type="checkbox"/>	Jobseeker's Allowance	<input type="checkbox"/>
One Parent Family Payment	<input type="checkbox"/>	State Pension	<input type="checkbox"/>
Widow(ers)/Surviving Civil Partner Pension	<input type="checkbox"/>	Working Family Payment	<input type="checkbox"/>

Section 5: Your educational background

Please tell us before starting this course, what is your Highest level of education you have had and the country where it took place. Tick one box below.

No formal education or training	<input type="checkbox"/>	Primary Education	<input type="checkbox"/>
Junior Cert; Inter Cert; Group Cert; GCSEs; O-Levels; or NFQ Level 3 (Full/Major Award)	<input type="checkbox"/>	Certificate NFQ Level 4 (Full/Major Award)	<input type="checkbox"/>
Transition Year	<input type="checkbox"/>	Leaving Cert; A-Levels; Applied Leaving Cert	<input type="checkbox"/>
Certificate NFQ Level 5 (Full/Major Award)	<input type="checkbox"/>	Advanced Certificate NFQ Level 6 (Full/Major Award)	<input type="checkbox"/>
Ordinary Bachelor's Degree; Diploma NFQ Level 7	<input type="checkbox"/>	Honours Bachelor's Degree; Diploma NFQ Level 8	<input type="checkbox"/>
Post graduate	<input type="checkbox"/>	Professional (NFQ 8+)	<input type="checkbox"/>

Please include the information below in relation to the above indicated Highest level of education/qualification.

Year achieved	
Achievement/Course Title:	
Country (if outside Ireland):	

Section 6: Reasons for your interest in this course

Briefly outline below your reasons why you are interested in applying for this training course (max 200 words):

Lined writing area for Section 6.

Section 7: Complete, Sign and return your Application

Please sign below and return your completed application form to:

Education Administrator
Mount Congreve School of Horticulture,
Mount Congreve Gardens
Kilmeaden
Waterford
X91 PX05.



Alternatively you can email your completed application form directly to us directly at educationadmin@mountcongreve.com

Applicant Signature:

Date:



wwetb
Bord Oideachais agus Oiliúna
Phoirt Láirge agus Loch Garman
Waterford and Wexford
Education and Training Board



Rialtas na hÉireann
Government of Ireland



Cómhacaireas ag an
Aontas Eorpach
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QQI AWARD