

APPLICATION FORM 2018-2019

PROGRAMME CHOICE

Please tick one of the boxes for the programme of your choice:

Postgraduate Diploma in Public Management	<input type="checkbox"/>	Postgraduate Diploma in Policy Analysis	<input type="checkbox"/>
MA - Public Management	<input type="checkbox"/>	Master of Economic Science in Policy Analysis	<input type="checkbox"/>
MA - Local Government Management	<input type="checkbox"/>	Professional Certificate in Governance	<input type="checkbox"/>
MA - Criminal Justice	<input type="checkbox"/>	Doctorate in Governance (see p.32)	<input type="checkbox"/>
MA - Healthcare Management	<input type="checkbox"/>	Postgraduate Certificate in:	
MA - Financial Management	<input type="checkbox"/>	• Human Resource Management	<input type="checkbox"/>
MA - Human Resource Management	<input type="checkbox"/>	• Financial Management	<input type="checkbox"/>
MA - Leadership and Strategy	<input type="checkbox"/>	• Criminal Justice	<input type="checkbox"/>
Postgraduate Diploma in Business and Management	<input type="checkbox"/>	• Healthcare Management	<input type="checkbox"/>
MSc in Business and Management	<input type="checkbox"/>	• Local Government Management	<input type="checkbox"/>
		• Leadership and Strategy	<input type="checkbox"/>

PERSONAL DETAILS (USE BLOCK CAPITALS)

Surname Forenames

Middle name Title Gender: Female Male

Date of Birth Nationality

Primary Email Other Email Mobile Number Phone Correspondence Address **Note: Students must notify the IPA of any change in their email or correspondence addresses**

EMPLOYMENT DETAILS (USE BLOCK CAPITALS)

Employer Section Post/Grade Full Office Address ☎ Work

HOW DID YOU HEAR ABOUT THIS COURSE?

Please tick one of the boxes:IPA Brochure IPA Website Other Website (Please specify) _____Public Sector Times Newspaper National Press Regional Press National Radio Local Radio Information/Open Day Training Officer at Work Friends/Colleagues

Other (Please specify) _____

ENROLMENT FORM 2018-2019 CONTD

QUALIFICATIONS

Academic/Professional Qualifications: Title _____
Awarding Institution _____
Level of Award _____

Classification: Pass Type of Honours: 1st Class 2.1 2.2

Please forward a copy of your qualifications

Have you previously enrolled for Year 1 of these programmes? If so, tick one box and indicate the year you discontinued.

Postgraduate Diploma MA Public Management MA Local Government MA Healthcare

MA Criminal Justice MA Financial Management MA Human Resource Management

MA Leadership and Strategy

Year _____ Spring Autumn

SUBJECT ACCUMULATION

Are you taking the programme by **subject accumulation**? Yes No

What subjects have you completed? _____

What subjects are you taking this year? _____

Are you **repeating** any of the subjects? Yes No

If yes, which subjects? _____

FEES

Tick one box to indicate who will pay the fee: Self Employer Other (Specify) _____

If your fees are being paid by the employing organisation, the IPA will invoice the fee for each semester separately.

Name and address for invoice _____

Name of Authorising Officer (**PLEASE PRINT**) _____

Signature of Authorising Officer _____

Purchasing Order Number, if known _____

DECLARATION

Declaration I wish to apply for the programme as selected above. I confirm the details provided above are correct. I undertake to read the IPA's Rules and Regulations when these are provided on Registration. I understand that the data provided by me in this application form will be used and protected by the IPA in full compliance with data protection regulations.

Signature Please sign _____

Date

Applications for enrolment and completed application form with appropriate fee, along with photograph and copies of qualifications should be addressed to:

Patricia Ryan, Graduate Studies, Institute of Public Administration, 57-61 Lansdowne Road, Dublin 4.

Phone: +353 (01) 240 3600

LoCall: 1890 20 26 26

Fax: +353 (01) 668 9135

Email: postgrad@ipa.ie or pryan@ipa.ie

Web: www.ipa.ie