

APPLICATION FORM FOR RECOGNITION OF A FOREIGN QUALIFICATION

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT

PLEASE COMPLETE THIS APPLICATION FORM IN BLOCK CAPITALS, ATTACHING THE REQUIRED DOCUMENTATION AS OUTLINED BELOW, AND RETURN IT TO: QUALIFICATIONS RECOGNITION – IRELAND, NATIONAL QUALIFICATIONS AUTHORITY OF IRELAND, 5TH FLOOR, JERVIS HOUSE, JERVIS STREET, DUBLIN 1, IRELAND. IF YOU HAVE ANY FURTHER QUERIES PLEASE VISIT OUR WEBSITE (WWW.QUALIFICATIONSRERCOGNITION.IE) OR TELEPHONE US AT (01) 8871500.

1. REQUIRED DOCUMENTATION

ENCLOSED

- A. CERTIFIED* PHOTOCOPY OF THE QUALIFICATION (DEGREE, DIPLOMA, CERTIFICATE ETC.) IN ITS ORIGINAL LANGUAGE
- B. AN OFFICIAL TRANSLATION OF THE QUALIFICATION INTO ENGLISH OR IRISH (IF APPLICABLE)
- C. CERTIFIED* PHOTOCOPY OF TRANSCRIPT/MARK SHEETS/LIST OF SUBJECTS PASSED IN ORIGINAL LANGUAGE
- D. AN OFFICIAL TRANSLATION OF TRANSCRIPT/MARK SHEETS/LIST OF SUBJECTS PASSED
- E. DOCUMENTATION IN SUPPORT OF NAME CHANGE (IF APPLICABLE), E.G. MARRIAGE CERTIFICATE OR DEED POLL
- F. DOCUMENTATION REGARDING YOUR UNDERGRADUATE QUALIFICATION (IF APPLICABLE)

* A certified photocopy is a copy that has been signed and stamped by an authorised person such as a Justice of the Peace, a Notary Public, a lawyer or a solicitor etc. The authorised person needs to sign your copies stating that they are true and correct, print their name and position and if possible affix an official stamp.

2. PERSONAL DETAILS

FIRSTNAME : SURNAME : TITLE : MR MRS MS

PREVIOUS NAME, IF CHANGED (ENCLOSE DOCUMENTATION FOR CHANGE OF NAME) :

EMAIL ADDRESS:

POSTAL ADDRESS (STREET) :

(TOWN) :

(CITY) :

(COUNTRY) :

HOME TELEPHONE NUMBER :

MOBILE TELEPHONE NUMBER :

DATE OF BIRTH (DD/MM/YYYY) :

PLEASE SPECIFY THE REASON(S) WHY YOU ARE REQUESTING RECOGNITION OF YOUR QUALIFICATION :

3. INFORMATION REGARDING THE QUALIFICATION

NAME OF EDUCATION OR TRAINING INSTITUTION :

WEB ADDRESS AND E-MAIL ADDRESS :

POSTAL ADDRESS (STREET, CITY, COUNTRY) :

STATUS OF EDUCATIONAL INSTITUTION : PUBLIC PRIVATE AND STATE RECOGNISED PRIVATE

TITLE OF QUALIFICATION IN ORIGINAL LANGUAGE :

TITLE OF QUALIFICATION IN ENGLISH :

SPECIALISATION/MAIN FIELD OF STUDY :

DATES STARTED AND COMPLETED :

DD/MM/YYYY

DD/MM/YYYY

STUDY MODE :

FULL-TIME

PART-TIME

UNTIL

LENGTH OF PROGRAMME OF STUDY (ACCORDING TO CURRICULUM) :

YEAR QUALIFICATION WAS AWARDED :

NAME, PHONE NUMBER AND E-MAIL ADDRESS OF OFFICIAL AT INSTITUTE WHO CAN SUPPLY FURTHER DETAILS ABOUT THE COURSE OF STUDY :

4. INFORMATION ON THE AWARDING BODY (BODY WHICH AWARDED THE QUALIFICATION)

NAME OF AWARDING BODY :

WEB ADDRESS AND E-MAIL ADDRESS :

5. ADDITIONAL INFORMATION REGARDING THE QUALIFICATION

DID THE CURRICULUM INCLUDE A RESEARCH PAPER/THESIS?

YES

NO

IF YES, WHAT WAS THE AREA OF SPECIALISATION?

WHAT WAS THE TITLE OF THE PAPER/THESIS?

DURATION OF PAPER/THESIS WORK? (NUMBER OF WEEKS)

DID THE CURRICULUM INCLUDE A WORK EXPERIENCE COMPONENT?

YES

NO

IF YES, WHAT WAS THE DURATION OF THE WORK EXPERIENCE?

NAME AND ADDRESS OF THE WORKPLACE :

ANY FURTHER INFORMATION RELEVANT TO ESTABLISHING COMPARABILITY OF YOUR QUALIFICATION E.G. STUDY PERIODS AT ANOTHER INSTITUTION, CREDIT GRANTED ON THE BASIS OF ANOTHER AWARD ETC.

6. SIGNATURE OF THE HOLDER OF THE QUALIFICATION

I certify that the information stated in this application is correct and that the enclosed documents are authentic.

DATE :

SIGNATURE

WHERE DID YOU HEAR ABOUT QUALIFICATIONS RECOGNITION – IRELAND?

DATA PROTECTION:

In order to process your application accurately it may be necessary to forward your details to a third party body in Ireland or abroad. In order to protect your personal information the Authority will ensure that data protection systems are in place in the receiving body.

I AGREE TO MY PERSONAL INFORMATION BEING SENT TO ANOTHER BODY: SIGNATURE