

Application form for PDST Sciences and Applied Maths Courses

PHOTOCOPY AS NECESSARY

| One applicant/one course per form. | Please apply as soon as possible. |
|------------------------------------|-----------------------------------|
| Name: | |
| School: | |
| School Address: | |
| | |
| School Phone: | Fax: |
| Teacher Email: Teacher Mobile: | School Roll No: |
| | |
| Course Title: | |
| Course Venue: | |
| Course Date: | |
| | |
| Applicant's Signature: | |
| | |
| Date: | |

Please return to the PDST Sciences and Applied Maths Administrator, Limerick Education Centre, 1st Floor, Marshal House, Dooradoyle, Limerick *or* email to sciences@pdst.ie or fax to 061- 585065.

Confirmation of places will be sent by email or text.