

**APPLICATION FORM  
2011 THIRD LEVEL EDUCATION AWARDS FOR CHILDREN OF STAFF**

PLEASE USE BLOCK CAPITALS

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Disability  Specify Disability \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CAO/ CAS (or College) Ref. No: \_\_\_\_\_

Course Name/ Code: \_\_\_\_\_

College Name: \_\_\_\_\_

College Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Staff No: \_\_\_\_\_

Work Location: \_\_\_\_\_ Business Unit: \_\_\_\_\_

Date of current service \_\_\_\_\_

Work Number: \_\_\_\_\_ email Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home Number: (incl prefix) \_\_\_\_\_

**DECLARATION BY PARENT / GUARDIAN OF APPLICANT.**

I declare that \_\_\_\_\_ is commencing Third Level Studies this year and intends to pursue the above Course.

I also declare that **this is the first and only application** in respect of the above-named Applicant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian

Only one application may be submitted per Applicant, Envelopes marked 'Education Awards' should be sent to Carmel Hosey, Human Resources, ESB Kilcruddin Business Park, Tullamore, Co. Offaly to arrive not later than Friday 14<sup>th</sup> October, 2011.

Draw will take place on Friday 28<sup>th</sup> October, 2011 in ESB Head Office, 27 Lr. Fitzwilliam St., Dublin 2.