



To complete this form online goto: [www.iptas.ie](http://www.iptas.ie)

## Personal Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

**Accuracy of Information:** It is essential that your answers and contact details are true and accurate.

**Privacy Policy:** We keep your details for our use only, to evaluate your application for enrolment.

## Home Address and Contact Details:

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City/Town: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Next of Kin: *(Who to contact in case of emergency)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Eve): \_\_\_\_\_

## Education

Please provide details only of the highest course undertaken.

If Leaving Certificate is the highest level completed to date, please attach a list of subjects, level and grades.

Leaving Certificate    Third Level    Degree    Post Graduate    Professional

Course Title: \_\_\_\_\_

Subjects Covered: \_\_\_\_\_

Institution: \_\_\_\_\_

Did you complete the course?  Yes  No   Year Completed: \_\_\_\_\_ Result: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education: A Third Level degree is not mandatory for acceptance at the Institute.  
You will have to provide documentary evidence to support your qualifications before registration can be completed.

## Employment:

Current Employer: \_\_\_\_\_

Your Position: \_\_\_\_\_ Time at this Employment: \_\_\_\_\_

Role/Responsibilities: \_\_\_\_\_

If your current employment is less than 3 years, please give your previous work history below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your employment details are for our consideration only and are not shared with anyone.  
Please give from and to dates, employer, position, and your responsibilities. If you prefer, attach a CV

## Personal Statement: *(please attach - approx. 500 words)*

Your personal statement tells us about you. We want to know a little of your own background and why you are interested in physical therapy in particular. Please include any additional information that you think will help us assess if you would be likely to benefit from the course. The following questions might help organise your thoughts:

- Are you starting out or changing careers?
- What kind work do you do?
- Where would you like to be in 5 years time?
- What changes are you looking for?
- What motivates you to learn more.?
- How did you first hear of us?
- Have you had experience of a treatment? – Tell us.
- Do you have knowledge or experience of other therapies
- Where do you think you could apply your skills as a therapist?
- Are you a "people person"?

I confirm that the information above is true to the best of my knowledge

Signature: \_\_\_\_\_

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