

**Age-Friendly University**

**Application to Register for**

**DCU Accredited Modules**

**2024 Semester 1**

**Please complete this form if you wish to enrol on:**

A DCU (undergraduate) module as part of the Age-Friendly University initiative.

Application is made by:

* Completing this form, clearly indicating the required module and mode of attendance.
* Paying the appropriate fee to the AFU Office.

**Module and Mode of Attendance**

1. **Audit only (no exams or assignments) €120**

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Code** | **Module Title** | **Semester 1** | **Attendance Type AUDIT** |
|  |  |  |  |
|  |  |  |  |

**Date Protection Notice**

Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the DCU Protection Policy which can be viewed at the following website address: <https://www.dcu.ie/registry/data-protection-notice-registry>

**Dublin City University is not responsible and shall not be bound by errors in our omissions from this publication; the University reserves the right to revise, amend, alter or delete programmes of study and academic regulations at any time by giving such notice as may be determined by Academic Council in relation to any such change.**

 **APPLICANT DETAILS**

**PLEASE COMPLETE IN BLOCK CAPITALS**

|  |  |
| --- | --- |
| **First Name:** | **Surname** |
| **Address in Ireland:** | |
| **Telephone Number:** | **Nationality:** |
| **PPS Number:** | **Date of Birth:** |
| **Email Address:** | **Student Number if previous student:** |
| **Mobile Number:** | **Country of Birth:** |
| **Home Address if different from above:** | |
| \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | |
| **Next of kin details (to be contacted in case of emergency):** | |
| **First Name:** | **Surname:** |
| **Address:** | |
| **Telephone:** | |

**Applicant Declaration:**

I certify that the information given in this application is correct and I hereby undertake, if admitted as a student member of Dublin City University, to observe and comply with all the regulations of the University.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The University shall only process such information in line with the purpose for which you provide it and to the extent necessary to provide you with the information or service you require.

The personal data may be disclosed to staff and agents of the University in order to support services to you.

In addition, personal data may be disclosed to government departments, statutory bodies and funding agencies where this is required under legislation or for the provision of services. In order to ensure our records are correct we urge you to answer all relevant questions accurately. If your personal details should change, please let us know so that we can update our records.