

Date Stamp

*Office Use Only*

**TU1128 (IAEA)**

**Part-time Programme Application Form (2025-26)**

**SECTION A – PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Surname:**

**First Name:**

**PPSN No***[[1]](#footnote-1)***:**

**Mobile No***[[2]](#footnote-2)***:**

**Email address:**

**Home address:**

If you attended DIT/TU Dublin before, please state programme title and previous student number:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
|  |

**Programme Title:** **Student No**:

**Gender: Male ❑ Female ❑ Prefer not to say ❑ Date of Birth:** day **/** month **/** year

**Nationality:** **Country of Birth:**

**SECTION B - PROGRAMME REQUIRED**

**Programme Title:** Institute of Automotive Engineer Assessors (IAEA)

**TU Dublin Programme Code:** TU5113

Please select the modules that you would like to register for.

|  |  |  |  |
| --- | --- | --- | --- |
| **Module / Programme** | **Year** | **Academic Year** | **Yes / No** |
| Module 1 - Basic Principles of Maths and Physics  Applicable to Accident Reconstruction. | 1 | 2025-26 |  |
| Module 2 - Motor Vehicle Legislation as Related to  Insurance Principles. | 1 | 2025-26 |  |
| Module 3 - Principles and Practice of Motor Vehicle  Damage Assessment. | 2 | 2026-27 |  |
| Module 4 - Motor Insurance | 2 | 2026-27 |  |

**SECTION C – DISABILITY**

If you have a disability or significant health problem, please provide details and attach medical documentation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D – FURTHER EDUCATION & EMPLOYMENT HISTORY**

Further Education: Please give details of highest qualifications attained and attach copies of certs/results.

|  |  |  |
| --- | --- | --- |
| **Dates: From – To** | **School / College / Higher Education Institute** | **Qualification Attained** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Relevant Employment History:

|  |  |  |
| --- | --- | --- |
| **Dates: From – To** | **Employer** | **Job Title** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please give details of any other relevant information / qualifications / work experience that may be relevant to your application.

Declaration: I declare that the information given by me on this form is true and accurate, and if accepted, I agree to familiarise myself with, and be bounded by, the Student Policies & Regulations of the Technological University Dublin. Student Policies & Regulations are available from the Registrations Office at:

https://www.tudublin.ie/for-students/student-services-and-support/student-policies-regulations/

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Required for statistical returns by TU Dublin to the Higher Education Authority
2. Required by TU Dublin, in addition to your student email address we may need to contact you by phone.  Click here if you do not wish to receive free SMS text messages ❑
3. Please return completed application forms to: [school.tce@tudublin.ie](mailto:school.tce@tudublin.ie)

**Office use only**

Enrolment authorised by: Date:

1. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)