



Application Form

Name:
Job Title & Grade:
Department & Address:
Email:
Phone Number:
Please indicate which Programme you wish to attend
Programme 1 Programme 2
Why would you like to take the Springboard Programme?
Please specify if you have any particular needs (dietary, physical or learning needs) or any concerns about the programme

I confirm that I am able to attend all four workshops and will undertake to complete the workbook in my own time.

Signed:

Date (DD/MM/YYY):

Please don't forget to discuss and agree your participation on this programme with your Line Manager/Head of Department.

To apply please complete and return the booking form by clicking this email link

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Office BM022

