



**ROSCOMMON**  
COMMUNITY COLLEGE

**Lios na Molt, Roscommon.**  
**Tel/Fax: (090) 6626473/6626670**  
*Roscommon Vocational Education Committee*

**ENROLMENT FORM**  
**POST LEAVING CERT COURSE (PLC)**  
**FETAC Level 6: Business (6M4985)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
**P.P.S. No.\*** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Tel. No. Home:** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_

**Mobile No. (Next of Kin)** \_\_\_\_\_

**Medical Card No.** \_\_\_\_\_

**Previous School:** \_\_\_\_\_

**Previous Qualifications/  
Certificates/Courses  
Attended** \_\_\_\_\_

- Please ensure PPS No. is provided at enrolment (Dept. of Education regulation).