



DUBLIN BUSINESS SCHOOL

APPLICATION FORM FOR EUROPEAN PARTNERS

(PLEASE COMPLETE IN BLOCK CAPITALS)

Section 1: Personal Details

Type of Study: Undergraduate Postgraduate

Name of programme you wish to study at Dublin Business School:

First Name: _____ Last Name: _____

Title: _____ Gender: _____

Date of Birth: / /

Home Address: _____

Nationality: _____

Parent/Guardian Name: _____

Home Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email: _____

Country of Birth: _____ Nationality: _____

Home University/College/School: _____

Parent/Guardian Name: _____ Parent/Guardian Telephone: _____

Section 2: University Level Education

Name of Institution: _____

Title of Programme/Qualification: _____

Number of ECTS credits to date: _____

Date of Award: _____

Section 3: English Language Requirement

Do you have proof of your English language level?
(e.g., TOEFL, IELTS, Dublin Business School English Test) Yes No

If yes, result obtained: _____

Section 4: Medical History/Disability

Do you suffer from any medical condition/disability which may impair your academic performance? Yes No

If yes, please give details: _____

Section 5: Postgraduate Applicants Only

Full Title of Undergraduate/Bachelor Qualification:

Name & Address of Institution/College:

Grade of Degree Awarded/Level Awarded (First Class Honours, Second Class Honours):

Awarding Body:

Date Awarded:

Length of Programme:

Declaration

I certify that the information given here is correct and I hereby undertake, if admitted to Dublin Business School, to comply with all regulations of the College.

Signed:

Date: / /

Please state where you heard about Dublin Business School:

Data Protection

I understand that under the Data Protection Acts, 1988, 2003 and 2018 (the "DPA") my consent may be required for the College to process personal data which it may have in its possession concerning me (including disclosure to third parties). I note that this personal data may include sensitive personal data within the meaning of the DPA, the processing of which requires my explicit consent.

For the purpose of assessing my application, I consent:

1. to the College processing my personal data, including sensitive personal data, either contained on this form or otherwise, for the purposes of assessing my application for enrolment with the College.
2. to the processing of any information relating to me, either contained in this form or otherwise, for the purposes of the College informing me of goods or services which might be of interest to me.

I do not want my information to be used for the purposes of informing me of other services which might be of interest to me

Please note that you have the right to access your personal data held about you by the College and to correct any inaccuracies in such data.

Your privacy is important to us. At DBS, we are committed to protecting the information that you share with us, and to ensuring that we are fully transparent about the type of information we collect and what we do with it. You can find out more and read our Privacy Policy in full on our website.

Applicants Signature:

Date: / /

Please note that should your application for enrolment be accepted by the College, terms and conditions will apply to any offer made by the College, which can be viewed at www.dbs.ie

This form should be fully completed and returned to the college with the following supporting documentation:

- Academic Transcripts
- Recognised proof of your English Language level
- A copy of your passport/Identity Card



For further information, please contact:

The Admissions Office, Dublin Business School, 13/14 Aungier Street, Dublin 2, Ireland
T: 00353 1 4177500 E: admissions@dbs.ie W: www.dbs.ie