










Cumas Easy Read Application Form June 2026

Section 1: Personal Details


1.1 Your details




	<p>What is your name?</p>	
	<p>What is your home address?</p>	
	<p>What is your date of birth?</p>	
	<p>What is your gender?</p>	

	What is your mobile phone number?	
	What is your email address?	




What is your living situation? Please tick one.	
<input type="checkbox"/> I live on my own.	
<input type="checkbox"/> I live with my family.	
<input type="checkbox"/> I live in supported accommodation.	
<input type="checkbox"/> Other (please describe):	

1.2 Your support person's details

	What is the name of your support person?	
	Who is this person to you? (e.g.,	



	parent/guardian/family member/keyworker).	
	What is your support person's mobile number?	
	What is your support person's email address?	
	What are your parents'/guardians' contact details? (if not already provided).	

1.3 Important information

	<p>Do you have an intellectual disability?¹</p>	<p>YES</p> <input data-bbox="1008 349 1169 506" type="checkbox"/>	<p>NO</p> <input data-bbox="1214 349 1375 506" type="checkbox"/>
	<p>Do you have any other disability/condition that would require supports?</p> <p>IF “yes”, please provide further information:</p>	<p>YES</p> <input data-bbox="1008 775 1169 931" type="checkbox"/>	<p>NO</p> <input data-bbox="1214 775 1375 931" type="checkbox"/>
	<p>Do you have any health issues that we should be aware of:</p> <p>If yes, please provide further information:</p>	<p>YES</p> <input data-bbox="1008 1402 1169 1559" type="checkbox"/>	<p>NO</p> <input data-bbox="1214 1402 1375 1559" type="checkbox"/>


¹ Please note that we may ask you to give us paperwork to show that you have an intellectual disability.


1.4 Getting around

	<p>Do you use public transport independently?</p> <p>If you ticked “no”, what transport do you use, and what support do you need?</p>	<p>YES</p> <input data-bbox="1023 488 1182 640" type="checkbox"/>	<p>NO</p> <input data-bbox="1214 488 1374 640" type="checkbox"/>
	<p>Being on the Cumas programme means you must make your own way to and from college. A family member or supporter can help you to get here. Do you understand this?</p>	<p>YES</p> <input data-bbox="1010 1200 1169 1352" type="checkbox"/>	<p>NO</p> <input data-bbox="1214 1200 1374 1352" type="checkbox"/>



Section 2: Educational Background

2.1 Primary School

	What primary school did you go to?	Name of Primary school: Years that you attended:
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What type of primary school did you attend?	Please tick 
I attended a mainstream primary school.	
I attended a special primary school.	
I attended a special class in a mainstream primary school.	
Other: (Please describe)	



2.2 Secondary School

	<p>What secondary school did you go to?</p>	<p>Name of secondary school:</p> <p>Years that you attended:</p>
<p>What type of school did you attend?</p>		<p>Please tick</p> <p style="text-align: center;"></p>
<p>I attended a mainstream secondary school.</p>		
<p>I attended a special secondary school.</p>		
<p>I attended a special class in a mainstream secondary school.</p>		
<p>Other: (Please describe)</p>		

2.3 Junior Cycle

	YES	NO
<p>Did you do a programme in school for the Junior Cycle?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Can you provide us with a copy of your Junior Cycle transcript?</p>	<input type="checkbox"/>	<input type="checkbox"/>

If you **cannot** provide us with a copy of your Junior Cycle transcript, please provide the following information:




	<p>Did you do Junior Cert exams? If "yes", please list your subjects and your results:</p>	<p>YES</p> <input data-bbox="1007 427 1169 584" type="checkbox"/>	<p>NO</p> <input data-bbox="1211 427 1374 584" type="checkbox"/>
	<p>Did you do the Junior Cycle Level 1 or Level 2 Learning Programme? If yes, please state which level you took (Level 1 or Level 2), and what priority learning units (PLUs) you studied:</p>	<p>YES</p> <input data-bbox="1007 936 1169 1093" type="checkbox"/>	<p>NO</p> <input data-bbox="1211 936 1374 1093" type="checkbox"/>


2.4 Senior Cycle

	<p>YES</p>	<p>NO</p>
<p>Did you do a programme in school for the Senior Cycle? (e.g., Leaving Cert; Leaving Cert Applied; Leaving Cert Vocational Programme; Senior Cycle Level 1/Level 2 Learning Programme)</p>	<input data-bbox="995 1608 1077 1675" type="checkbox"/>	<input data-bbox="1249 1608 1331 1675" type="checkbox"/>
<p>Can you provide us with a copy of your Senior Cycle transcript?</p>	<input data-bbox="995 1939 1077 2007" type="checkbox"/>	<input data-bbox="1249 1939 1331 2007" type="checkbox"/>


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If you **can** provide your Senior Cycle transcript, please skip to section 2.5. If you **cannot** provide your Senior Cycle transcript, please answer the following questions:

	<p>Did you take the Leaving Cert Applied?</p> <p>If "yes", what level was your certificate (pass, merit or distinction)?</p>	<p style="text-align: center;">YES</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p style="text-align: center;">NO</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
	<p>Did you take the Leaving Cert Vocational Programme?</p> <p>If "yes", what subjects did you take and what were your results?</p>	<p style="text-align: center;">YES</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p style="text-align: center;">NO</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
	<p>Did you do Leaving Cert exams?</p> <p>If "yes", please list your subjects and your results:</p>	<p style="text-align: center;">YES</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p style="text-align: center;">NO</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>

	<p>Did you do the Senior Cycle Level 1 or Level 2 Learning Programme?</p> <p>If yes, please state which level you took (Level 1 or Level 2), and what priority learning units (PLUs) you studied:</p>	<p>YES</p> <input data-bbox="1015 826 1174 983" type="checkbox"/>	<p>NO</p> <input data-bbox="1222 826 1382 983" type="checkbox"/>

2.5 Other Education

	<p>Have you completed any other courses?</p>	<p>YES</p> <input data-bbox="1023 1473 1182 1630" type="checkbox"/>	<p>NO</p> <input data-bbox="1214 1473 1374 1630" type="checkbox"/>
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If yes, please write your course(s) in the box below:

Name of the course?	School/College	Year completed	Award

<i>Computer skills</i>	GRETB	2022	Level 3

	YES	NO
Do you go to a Day Service?	<input type="checkbox"/>	<input type="checkbox"/>

How many days a week do you go to the Day Service?	
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Do you go to any other disability service?	YES	NO
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If YES, please provide details: (Where, how often?)

Is there any other information you would like us to know about your education/training?


Section 3: Employment Background

	Have you taken part in a work experience programme or had/have a job?	YES <input data-bbox="1008 1449 1168 1603" type="checkbox"/>	NO <input data-bbox="1212 1449 1372 1603" type="checkbox"/>
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If "yes", please fill in/tick the boxes below:

Position 1


Name of Company/Organisation	
Job Title	
Dates of Employment	
Duties and Responsibilities	

Type of Role:	Please tick 
Voluntary work	
Work experience	
Full-time work	
Part-time work	
Paid work	
Unpaid work	

Position 2:

Name of Company/Organisation	
Job Title	
Dates of Employment	


Duties and Responsibilities	
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Type of Role:	Please tick 
Voluntary work	
Work experience	
Full-time work	
Part-time work	
Paid work	
Unpaid work	

Position 3:

Name of Company/Organisation	
Job Title	


Dates of Employment	
Duties and Responsibilities	

Type of Role:	Please tick 
Voluntary work	
Work experience	
Full-time work	
Part-time work	
Paid work	
Unpaid work	

Position 4:


Name of Company/Organisation	
Job Title	



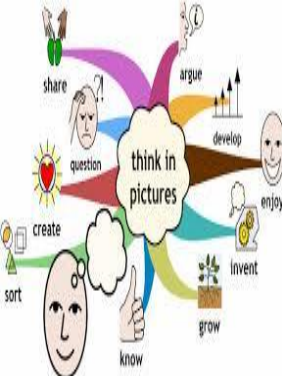

Dates of Employment	
Duties and Responsibilities	

Type of Role:	Please tick 
Voluntary work	
Work experience	
Full-time work	
Part-time work	
Paid work	
Unpaid work	

Section 4: Interest and Suitability

Cumas – Certificate in Foundational Learning and Community is a course for people with intellectual disabilities.

	Why are you interested in studying this programme?	
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	<p>Why do you think you are suitable for this programme?</p>	
	<p>Why do you think it is the right time for you to start this programme?</p>	
	<p>What helps you to learn?</p>	
	<p>How does your disability make it difficult for you to learn?</p>	


Section 5: Reference and personal declaration

5.1. Reference

We are asking everyone who applies for the Cumas programme to provide us with contact details of a referee. A referee is a person who knows you in a professional way-somebody outside of your circle of family or friends. We will be contacting this person to ask them for extra information about you.

Referee	
Name:	
Phone:	
Email:	

5.2 Declaration

	Please tick 	
	YES	NO
Did you receive any help from anyone to complete this application form? If "yes", please indicate who helped you (e.g., parent, family member, friend, support worker etc.):	<input type="checkbox"/>	<input type="checkbox"/>
I confirm that all the information I have provided is correct to the best of my knowledge.	<input type="checkbox"/>	<input type="checkbox"/>

I consent to my personal data being used by the University of Galway for the purposes of programme planning.

YES

NO

Signed:

Date: