



Please attach a recent passport size photo of yourself here

Application to Access Programme Form 2024

Surname:		Date of Birth:	
First Name(s):		Country of Birth:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>		

Home Address:	Correspondence Address (if different):
Home Phone:	Work Phone:
Mobile Phone:	E-mail:

EDUCATION

Have you ever attended a third-level Law course? Yes <input type="checkbox"/> Year _____ No <input type="checkbox"/>

If you attended a third-level course, please give the following details:

Institution	Course Title	Year	Completion Date	Leaving date (if different)

Did you complete the course? Yes No

If not, please provide details:

If you have not completed a third level Law course, have you completed a preparatory course in Law? Please provide details:

<p>Did you receive Access funding as an undergraduate?</p> <p>Yes* <input type="checkbox"/> No <input type="checkbox"/> (<i>*please provide confirmation of your previous Access status</i>)</p>

**If you received Access funding, please enclose a letter from your former 3rd level institution confirming you were an Access student.*

<p>Did you apply for or receive SUSI or Local Authority funding as an undergraduate?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>please provide details</i>)</p>

<p>Have you availed of any other funding towards your Education in the past?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>if yes, please provide details</i>)</p>

Schools Attended (most recent first)	Dates of Attendance	
	From	To

<p>Were any of these schools a DEIS school?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (<i>if yes, please provide details</i>)</p>

EMPLOYMENT

Are you currently employed?

Yes Part-time Full-time No

Please provide details (start with most recent):

Place of Work	Type of work	Dates	
		From	To

Are you an E.U. National?

Yes No

Or

Have you been granted Refugee Status? Yes Year granted _____ No

If not, do you require an education visa to study in Ireland? Yes No

Are you in a position to work in Ireland? Yes No

OTHER

Particulars of Family Members* (i.e. parents, siblings and dependents)

Surname, First Name	Relation to applicant (e.g. Father/ Mother)	Date of Birth: DD/MM/YR	Indicate (Yes/No) whether this person is currently resident in the family home	Highest Level of Education achieved to date. (i.e. Primary Education, Group/Inter/Junior/Leaving Certificate, PLC, Adult Education, Certificate, Diploma, Degree, Master Programme, etc.)	Current occupation or current place of study:

*Additional information can be added on an extra sheet attached to the application if required.

Particulars of Extended Family Members* (i.e. Father's siblings, Mother's siblings, (where known))					
Surname, First Name	Relation to applicant (e.g. Aunt/ Uncle)	Date of Birth: DD/MM/YR	Indicate (Yes/No) whether this person is currently resident in the family home	Highest Level of Education achieved to date. (i.e. Primary Education, Group/Inter/Junior/Leaving Certificate, PLC, Adult Education, Certificate, Diploma, Degree, Master Programme, etc.)	Current occupation or current place of study:

*Additional information can be added on an extra sheet attached to the application if required.

CURRENT PLACE OF RESIDENCE

Please tick the appropriate box:			
Home Owner	<input type="checkbox"/>	Private rented accommodation	<input type="checkbox"/>
Local Authority Tenant Purchase Scheme	<input type="checkbox"/>	Local Authority rented flat	<input type="checkbox"/>
Local Authority rented housing	<input type="checkbox"/>	Other non-permanent accommodation (please give details)	<input type="checkbox"/>
County/Address	<input type="checkbox"/>		<input type="checkbox"/>

Do you own additional property? Yes No

If yes please provide details:

PLACE OF RESIDENCE GROWING UP

Please tick the appropriate box:

Home Owner		Private rented accommodation	
Local Authority Tenant Purchase Scheme		Local Authority rented flat	
Local Authority rented housing		Other non-permanent accommodation (please give details)	
County /Address			

Did your Parent(s) own additional property? Yes No

If yes please provide details:

FINANCIAL INFORMATION

Particulars of income from paid employment (including self-employment). If you are residing with parents, please give details of their income*.					
	Estimated total income for the year ended 31 December 2023				
	Self	Spouse/Partner	Father	Mother	Documents Required
Occupation					N/A
Income from employment (e.g. PAYE – salary, wages, fees, etc.)					Employment Detail Summary / P21
Income from pension (from former employer or pension scheme)					Notice of Assessments and Accounts
Income from self-employment					Employment Detail Summary / P21
Income from land: profits from farming activities					Notice of Assessments and Accounts
Income from any other source. Please specify:					Relevant evidence

**If neither you/your spouse/partner/your parent(s) are in paid employment please go to next section*

Particulars of income from Department of Social Protection (DSP) (Complete where applicable)					
	Estimated total income for the year ended 31 December 2023				
	Self	Spouse/Partner	Father	Mother	Documents Required
Current or most recent occupation					N/A
DSP – Jobseekers Benefit (JB) (Short-term)					P21 and Social Welfare Statement
DSP – Jobseekers Allowance (JA)					P21 and Social Welfare Statement
DSP - Jobseeker's Transitional payment (JST)					P21 and Social Welfare Statement
DSP – Supplementary Welfare Allowance					P21 and Social Welfare Statement
DSP – Pension Payment Please specify:					P21 and Social Welfare Statement
DSP – Rent Supplement					P21 and Social Welfare Statement
DSP – Illness Benefit					P21 and Social Welfare Statement
DSP – Disability Allowance					P21 and Social Welfare Statement
DSP – Partial Capacity Benefit					P21 and Social Welfare Statement
Other DSP payment Please specify:					P21 and Social Welfare Statement

Medical Card/ GP Visit Card

Do you possess a medical card/ GP Visit Card? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please specify which and give number:	

DECLARATION

I certify that the information supplied is correct and complete.

Signature of applicant: _____

Date: _____

Please complete application in full and return to:

**Mr Ian Ryan
Access Programme
Law Society of Ireland
Blackhall Place
Dublin 7**

Tel: 01 6724802

E-mail: access@lawsociety.ie

Applications are considered at two stages in the year. In order to process applications, hold interviews and relay outcomes in time for candidates, you are requested to apply as far as possible in advance of these deadlines. Your co-operation is appreciated.

The 2024 deadline for the next round of application review is as follows (interviews are usually scheduled within two weeks of the deadline):

- **Friday, 06 December 2024 by 5pm.**