



Higher Diploma in Orthopaedic & Soft Tissue Therapy

RPL Application Form

Please fill in all sections of this application form. Attach all required documentation and return it to,

St. Martin's College, Exchange House, Main Street, Ballincollig, Co, Cork P31 FK72

1. Your title:

Mr Mrs Miss Ms other (please specify)

Name: _____

Previous name (if applicable): _____

Please provide a copy of your passport or driving licence or public service card.

Attach a recent passport sized photograph of yourself here*.

***Please do not staple.**

2. Payment: (Please note this fee is non-refundable)

I have completed a bank transfer to St. Martin's College, for the amount of €850.

PTSB Ballincollig
BIC IPBSIE2D
IBAN IE17IPBS99071513477400

Please add your name as a reference to the bank transfer.

For Office use only

Date stamp	Amount	App Number	Date of Reg	Reg Number

3. Your Details:

Please print in the spaces provided.

Date of birth (DD/MM/YYYY)	
Nationality	
National Insurance number (if applicable)	
Country of birth	
Town / City of birth	
Gender Male Female Other	
PPS Number	

Home contact details

House / flat number	
Street name	
Town / City	
County	
Telephone number	
Mobile number	
Eircode	
Email address*	

****By providing my email address I consent to Saint Martin's College sending me electronic communications.***

Work contact details

Business name	
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Street name	
Town / City	
County	
Telephone number	
Mobile number	
Eircode	
Email address*	

****By providing my email address I consent to Saint Martin's College sending me electronic communications.***

4. Education and training: (Please use additional paper if required)

Primary qualification:

Title of your approved programme	
Programme start date (DD/MM/YYYY)	
Programme end date (DD/MM/YYYY)	
Name of education provider	
Street name	
Town / City	
County	
Postcode	

Additional Course:

Title of your approved programme	
Programme start date (DD/MM/YYYY)	
Programme end date (DD/MM/YYYY)	
Name of education provider	
Street name	

Town / City	
County	
Postcode	

Please provide copies of your qualifications. *(Please check that you have not included any original documents or an item which you need to be returned. Saint Martins College will not return any documents and take no responsibility for any documents lost or damaged.)*

5. Declarations:

- I declare that I have read, understood and will comply with the ROSTI standards of conduct, performance and ethics.
- I consent to the Saint Martins College and/or ROSTI contacting any person to obtain further information about my application or to verify the information that I have provided and agree that any person who is so contacted may provide the ROSTI with any information about me which that person holds.
- I confirm that the information I have provided in this application is correct and understand that fraudulently procuring an entry to ROSTI will result in my registration being cancelled.
- I consent to Saint Martin's College having access to my personal data as supplied by me and I understand that this information will not be shared in any public forum. I consent to my information being kept on Saint Martin's College database for the purposes of my application and or course of study only.

Date (DD/MM/YYYY)	
Signature	