

Ostia Community Application Form

(Please complete all sections of this form – **AND MAKE SURE YOU SIGN IT**)

I, the undersigned, wish to apply to participate in the Ostia Community for the academic year 20____ / 20____ . I have read and understood the Participants' Booklet available to me online (www.ostia.ie) and agree to its content. I have discussed my participation in the Ostia Community with my Parents/ Guardian (if under 18 at the time of making this application).

Contact Information

Name: _____

Address: _____

Date of Birth: _____ Date of Baptism: _____

Phone: _____

Email: _____

Consent of Parent/ Guardian (If under 18 at the time of making this application)

I consent to my child participating in the Ostia Community for the year 20____ / 20____

Signed: _____ Date: _____

Relationship to child: _____

Contact Details of Person who will be Paying the Rent:

Name: _____

Address: _____

Phone: _____ Email: _____

Relationship to Participant: _____

Name and Contact Details of a Referee (Someone who can bear witness to your good character): _____

In the event of your application being successful this person will be contacted to make arrangements for the paying of the Deposit and the Rent.

Together with this form, please include the following:

- A copy of your Birth Certificate
- Letter from GP indicating that you are medically fit to participate in this programme including a list of any medications currently being taken or any medical conditions that might need to be brought to the attention of an emergency responder.
- Information relevant to dietary requirements (if not applicable please put NA)
- Two current colour Passport sized photos
- Indicate, by ticking the box, that you have read, understood, and agree to abide by, the Ostia Community in the manner laid out in the Participants' Booklet

Signed: _____ Date: _____

Address to send completed form and documents: **The Ostia Community
Augustinian Lane,
Thomas St.,
Limerick, V94 DA29**