



EXPRESSION OF INTEREST FORM

INSTRUCTIONS

Complete the form below for requests to represent University College Dublin (UCD).

| AGENCY DETAILS | |
|---|-----------|
| Agency Name | |
| Address | |
| | |
| | City |
| | Post Code |
| | Country |
| Telephone Number | |
| Fax Number | |
| Web Address | |
| Email Address | |
| Main point of Contact | |
| <i>If different than above</i> | |
| Address | |
| | |
| | City |
| | Post Code |
| | Country |
| Telephone Number | |
| Email Address | |
| | |
| INFORMATION ON YOUR AGENCY | |
| Date of Establishment | |
| Details of the countries you work in. | |
| | |
| Number of Offices | |
| Number of Councillors | |
| Details of the specific services you offer to students and partner universities. | |
| | |

| | |
|---|--|
| Detail institutions you represent in Ireland and UK. | |
| | |
| Detail the number of students you sent to Ireland and UK in the previous year. | |
| <i>Detail Year</i> | |
| <i>Undergraduate</i> | |
| <i>Graduate (Taught Masters)</i> | |
| <i>Graduate (Research Masters & PhD)</i> | |
| State briefly how you plan to recruit students for UCD? | |
| | |
| How many students do you believe you could successfully recruit for UCD? | |
| <i>This Year</i> | |
| <i>Next year</i> | |
| <i>The Year After Next</i> | |
| Why you want to work with UCD? | |
| | |
| REFERENCES | |
| Please provide the names of two referees who may be contacted if your company is selected. At least one referee must be from the Russell Group if you represent the RG universities. | |
| Referee 1 | |
| <i>Title</i> | |
| <i>Name</i> | |
| <i>Position</i> | |
| <i>University</i> | |
| <i>Email</i> | |
| <i>Phone</i> | |
| <i>Number of Years Representing This Institution</i> | |
| Referee 2 | |
| <i>Title</i> | |
| <i>Name</i> | |
| <i>Position</i> | |
| <i>University</i> | |
| <i>Email</i> | |
| <i>Phone</i> | |
| <i>Number of Years Representing This Institution</i> | |
| I confirm that the information provided is true and accurate to the best of my knowledge and I authorise you to approach my referees. | |

| | |
|-------------|--|
| <i>Name</i> | |
| <i>Date</i> | |

Please submit completed application form to representatives@ucd.ie.

Thank you for your interest.