

**FLEXIBLE LEARNING OPPORTUNITIES FOR YOUNG PEOPLE & ADULTS**

**PERSONAL DETAILS**

<b>Surname</b>					
<b>First Name</b>					
<b>Address</b>					
<b>Mobile Phone</b>		<b>Email</b>			
<b>House Phone</b>					
<b>PPS No</b>		<b>Gender</b>	<b>Male</b>		<b>Female</b>
<b>Date of Birth</b>		<b>Nationality</b>			

**EMERGENCY CONTACT/NEXT OF KIN**

<b>Name</b>		<b>Tel</b>	
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**Have you any illness or disability that would be important for us to be aware of which may affect your attendance or your participation on the course?**

<b>Illness or Disability</b>	
<b>Allergies</b>	

**PARTICIPANT GROUPING:** Please tick the box that best describes you – more than one box can be ticked

Person with Disability*		Drug User/Ex Drug User		Ex-Offender	
Early School Leaver		One-Parent Family		Traveller	
Homeless		ESOL Student		Literacy Student	
Refugee		Asylum Seeker		Migrant Worker	
Other – please specify					
*If attending centre e.g. COPE please give details:	Contact Name:		Contact Number:		

**ECONOMIC/EMPLOYMENT STATUS**

Indicate by ticking one box your economic/employment status on commencement of programme

1	Unemployed – in receipt of Unemployment Assistance or Benefit		4	Not in the labour market	
2	Employed Full-time		5	Recently made redundant	
3	Employed Part-time		6	Other: please specify	

If you ticked number 1, 4, 5 or 6 above please indicate for how long:

< 6 months	6-12 months	13-24 months	25-36 months	More than 3 years

**MEDICAL CARD**

If you are in receipt of a Medical Card please indicate:

<b>Card Number:</b>
<b>Expiry Date:</b>

**Please turn over**

## PREVIOUS EDUCATION

Tick the highest level of education you have achieved prior to starting a BTEI programme

Primary School / Full Fetac 1 or 2	Junior Cert / Full Fetac 4 or 5	Leaving Cert / Full Fetac 4 or 5	Higher Level / Full Fetac 6 or Higher

If you are in receipt of a Social Welfare, Health Board or Training Scheme Payment, please indicate which one – more than one box can be ticked

Jobseekers Allowance		Community Employment Scheme	
Jobseekers benefit		Social Economy Scheme	
Disability Allowance		Pre-retirement Allowance	
Disability Benefit (over 6 months)		Invalidity Pension	
Carer's Allowance		Widow's Non-contributory Pension	
Farm Assist		Widower's Non-contributory Pension	
Family Income Supplement		Old Age Non-contributory Pension	
Back to Work Allowance		Orphans Non-contributory Pension	
Jobs Initiative		Supplementary Welfare Allowance	
One-Parent Family Payment		Medical Card	
Contributory pension		Other – please specify	

If you are a dependent of a recipient of any of the payments below please tick which one and give the details

Dependant of social Welfare payment holder		Social welfare recipient	
Dependant of training allowance recipient		Training allowance recipient	
Dependant on medical card holder		None	

Recipient PPS No	Recipient Medical Card No	Your relationship to this person – are you:			
		Spouse		Son	Daughter

Previous Courses Completed? E.G. BTEI, VTOS, PLC, Youthreach (please give detail)

Course Title	
Modules/Subjects Covered	

## COURSE APPLYING FOR

Please enter the name of the course you wish to apply for

Course Title	
Modules/Subjects	

**PARTICIPANT DECLARATION** I confirm that the information given on this form is accurate

*The participant agrees that his/her data may be shared with other government departments, consultancy bodies and agencies approved by the Department of Education and Skills/Cork ETB/from time to time for purposes of monitoring the impact of the Training Programme (Part-time Programme). S/He understands that, under the Data Protection Act, personal information recorded in manual format and on computer must be stored safely and treated as confidential, that it will never be made available publicly in any way which could identify an individual person and that it will not be used without consent other than for the purpose for which it was gathered.*

Student Signature		Date	
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Return to: Ella Daly, Coláiste Stiofáin Naofa, Tramore Rd, Cork

For more information contact: Ella Daly

Tel: 021-2067635

Email: [e.daly@csn.ie](mailto:e.daly@csn.ie)

## FOR OFFICE USE ONLY

Form fully completed					
Evidence		2a	2b	3	4
Year/Term					
BTEI Co-ordinators Signature					
Date					



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