

BTEI APPLICATION FORM 2017-2018

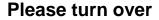


FLEXIBLE LEARNING OPPORTUNITIES FOR YOUNG PEOPLE & ADULTS

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3	Employed F	ai t-tiff	II C				١٥		-		-			
If y	ou ticked num	nber 1,	, 4, 5 or 6	abov	e pleas	se in	dicate	e for l	how lon	g:				
< 6 months 6-12 months 13-24 mo								25-36 r		hs	More than	n 3 yea	ars	
	DICAL CARI						Car	d Nui	mber:					
•	If you are in receipt of a Medical Card please indicate:					Expiry Date:								











PREVIOUS EDUCATION

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

Primary School /	Junior Cert /	Leaving Cert /	Higher Level /
Full Fetac 1 or 2	Full Fetac 4 or 5	Full Fetac 4 or 5	Full Fetac 6 or Higher
Full Felac 1 01 2	Full Fetal 4 01 5	Full Felac 4 01 5	Full Felac 6 of 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

the detaile			
Dependant of social Welfare paym	nent	Social welfare recipient	
holder			
Dependant of training allowance re	ecipient	Training allowance recipient	
Dependant on medical card holder	r	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 Cove	ered			

COURSE APPLYING FOR

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

	your more depriy to
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

FOR OFFICE USE ONLY

TOR OTTICE OSE ONE!				
Form fully completed				
Evidence	2a	2b	3	4
Year/Term				
BTEI Co-ordinators Signature				
Date				







Email: e.daly@csn.ie

