



**APPLICATION / REGISTRATION FORM FOR TRAINING**

<b>Name</b>			
<b>Address</b>			
<b>Contact Details</b>	<b>Home Phone:</b>	<b>Mobile:</b>	
<b>E-mail Details</b>			
<b>Next of Kin</b>		<b>Next of Kin Contact Details</b>	
<b>Date of Birth</b>		<b>PPS Number</b>	
<b>Gender (Male or Female)</b>		<b>Nationality</b>	

**Please indicate level of previous education by ticking the appropriate boxes**

Primary School Education	<input type="checkbox"/>	<input type="checkbox"/>		
Junior / Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>		
Leaving Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applied Leaving Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post Leaving Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FETAC Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Please give name of module(s) and level of FETAC course undertaken</i>				
National Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diploma	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Postgraduate qualification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

*Please specify if you have ticked other:* \_\_\_\_\_

**How did you hear about this course?**

*(Please tick the appropriate box)*

- |                                    |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| Advertisement                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Through a friend                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carers Association Resource Centre | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Through Fás                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Newspaper                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Website                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Please specify if you have ticked other:* \_\_\_\_\_

**Are you currently a family carer?** Yes    No

**If yes, please give us details about your caring responsibilities**

**Have you cared for a family member in the recent past?** Yes    No

**If yes, please tell us about your caring responsibilities**

**Are you in receipt of any Social Welfare Benefits? Please give details**

**Please tell us if you have any special needs. This will help us tailor the course to suit your needs**

**Which course is of interest to you?**

**Do you have any other queries or concerns?**

**I declare that the information above is true and accurate**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Internal Use:**  
**Centre:** \_\_\_\_\_  
**Course Code:** \_\_\_\_\_

**\*All applicants will be dealt with in the strictest of confidence.**