APPLICATION FORM



**Please Return to:**

Mara Kilbride

c/o National Learning Network

Mullaghboy Industrial Estate

Athboy Road

Navan, Co. Meath

**For Office Use**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Report received:\_\_\_\_\_\_\_\_\_\_\_\_\_

Exemption applied for: \_\_\_\_\_\_\_\_ received: \_\_\_\_\_\_\_\_

Agreed Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date of Birth: |  |
| Address: |  | Gender: | Male ❑  Female ❑ |
| Home Phone: |  | Mobile Phone: |  |
| e-mail: |  | PPS Number: |  |
| Medical Card Number: |  | Claim Number: |  |

|  |  |
| --- | --- |
| Contact Name in case of Emergency: |  |
| Address: |  |
| Home Phone: | Mobile Phone: |
| Relationship to You: |  |

**2. Current Situation**

Please use this space to tell us about yourself –current activities, interests,

hobbies etc.

|  |
| --- |
|  |

Have you ever been convicted of a criminal offence? Yes ❑ No ❑

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Disability/ Health:**

Please give details of any disability, learning difficulty or health difficulty you may have:

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| --- |
|  |

Please describe how this affects you:

|  |
| --- |
|  |

Please list any supports you think you may need (wheelchair access, interpreter, adaptive equipment etc.)

|  |
| --- |
|  |

Are you taking any medication? Yes ❑ No ❑

If yes, please describe any side effects

|  |
| --- |
|  |

In case of accident/illness:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of G.P. |  |  |  |
| Address: |  | Phone No: |  |
|  |  |  |  |

Please list any other professionals you are involved with:

(Consultant, Occupational Therapist, Social Worker, Community Health Nurse etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Job Title: |  | Job Title: |  |
| Address: |  | Address: |  |
|  |  |  |  |
|  |  |  |  |
| Phone: |  | Phone: |  |

**4. Social Welfare Benefits**

Are you receiving any of the following benefits?

**Benefit** **Weekly Amount**

❑ Disability Allowance (DA) €\_\_\_\_\_\_\_

❑ Blind Person’s Allowance (BPA) €\_\_\_\_\_\_\_

❑ Invalidity Pension (IP) €\_\_\_\_\_\_\_

❑ Illness Benefit (IB) €\_\_\_\_\_\_\_

❑ Jobseeker’s Allowance (JA) €\_\_\_\_\_\_\_

❑ Jobseeker’s Benefit (JB) €\_\_\_\_\_\_\_

❑ One Parent Family Benefit €\_\_\_\_\_\_\_

❑ Other: Please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ None

Please list any secondary or supplemental benefits you are receiving (Travel Pass, Fuel Allowance, Living Alone Allowance etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Education:**

|  |  |  |
| --- | --- | --- |
| **Dates**  **From - To** | **Name and Address of School/College** | **Exams Passed**  (Leaving Cert, Junior Cert, FETAC Certs, etc) |
|  |  |  |
|  |  |  |
|  |  |  |
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**6. Training:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates**  **From - To** | **Name and Address**  **of Training Organisation** | **Award Achieved**  (FAS, FETAC, ECDL etc.) | **Award Level** |
|  |  |  |  |
|  |  |  |  |
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What Programme are you applying for at National Learning Network?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you hope to achieve from this Programme?

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| --- |
|  |

Have you applied for a programme in National Learning Network before?

Yes ❑ No ❑ Don’t Know ❑

If yes, please give details: Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Employment:**

If you have been employed, self-employed or on a work scheme please give details below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates**  **From - To** | **Job Title** | **Employer** | **Address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What are your hopes/plans for the future?

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| --- |
|  |

**8. Reference:**

Please give details of a person who we may contact to give you a reference. This could be a teacher or employer who knows you or had contact with you in the past.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Job Title: |  |
|  |  |  |  |
| Address: |  | Phone: |  |
|  |  |  |  |
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**9. Additional Information:**

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**10. Bank Details (Course cannot be started until filled out in full)**

Bank Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_ Sort Code: \_\_\_\_\_\_\_\_\_\_\_

IBAN:

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BIC:

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| --- | --- | --- | --- | --- | --- | --- | --- |
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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**Data Protection**

In compliance with the Data Protection Acts 1998 and 2003, National Learning Network will keep personal information supplied to it only for lawful and specified purposes. National Learning Network will use your personal data for the purposes of processing your application, performing its obligations to you and to the funding authority in relation to providing training and related services and for general administration. Data will not be used or disclosed for any reason not compatible with these purposes.

Personal data relating to you will be processed in compliance with the Acts and will be stored in a secure, confidential and appropriate manner. The data will be stored only while it is relevant and will not be disclosed to a third party except with your consent or as required by law.