

DATE: _____

PERSONAL DETAILS

Name:

Address:

PPS. No.

Date of Birth:

Telephone: Home: Mobile:

Are you in receipt of a Social Welfare payment? Yes / No

If yes what type _____

What are your living arrangements?

Next of Kin _____

Programme you wish to apply for:

General Learning QQI Level 4

Catering QQI Level 4

1. Why would you like to do this course?

SECTION 2:

HOBBIES / INTERESTS

1. What do you like to do in your own time?

2. What would you like to do in the future as a career?

SECTION 3:

EDUCATIONAL BACKGROUND

1. What schools have you attended?

2. Why did you leave school early?

3. Can you think of anything that may have helped you stay at school for longer?

4. What, if any, exams have you taken? What are your results for these exams?

SECTION 4: **TRAINING**

1. Have you attended any other courses? *If yes, can you answer the following:*

a) Name of course/training programme?

b) Location?

c) Duration of attendance?

d) Reason for leaving?

e) Did you receive any certificates as a result of attending this course/training programme?

SECTION 5:

WORK EXPERIENCE

Have you any work experience to date?
If yes, complete the following:

Location	Date From To	Position Held

SECTION 6:

MEDICAL DETAILS

5. Have you any medical issue which could interfere with your progress of the programme.

6. As part of this training programme, we have a one month work placement. Is there anywhere in particular you would like to go on placement?

7. Have you any learning disabilities that you are aware of, and which we could help you with?

8. Have you any dietary requirements that we need to know about, allergies, allergic reactions, etc...

9. Who is your doctor? Please print clearly the name, address and phone number?

SECTION 7:

GENERAL INFORMATION

How did you hear about this course?

Please Tick:

Friend Boomerang Youth Service Web Site LES
ESLO Facebook Page LMETB Intero Other

Have you any questions or concerns you would like to ask or express?

Thank you for taking the time to fill out this form