



Ireland's European Structural and Investment Funds Programmes 2014-2020

Co-funded by the Irish Government and the European Union



EUROPEAN UNION

Investing in your future

European Social Fund

SOLAS

An tSeirbhís Oideachais Léarnáigh agus Scileanna
Further Education and Training Authority

Further Education and Training

CO-FUNDED BY THE IRISH GOVERNMENT AND THE EUROPEAN UNION UNDER THE EUROPEAN SOCIAL FUND

This expression of interest form is designed to collect the information required by School/Centre, providers and funders being, SOLAS and the Department of Education and Skills, (each a "data controller") to put forward your expression of interest and facilitate follow-up correspondence from a data controller with you. The details of this form will be used as a basis for the formal application process to be a course participant and related matters (e.g. course funding support). It facilitates the submission of accurate applicant details to SOLAS (the Further Education and Training Authority).

Expression of Interest Form

School/Centre

Course Title

Section 1: Personal Details

Name: _____

Sex: Male

Date Of Birth: _____

PPSN: _____

Female

Address and Postcode:

Term Address and Postcode (IF DIFFERENT THAN PERMANENT ADDRESS):

Phone/Mobile:

Email:

Applicant Declaration

I confirm that the information given on this form is accurate and agree to receive follow up communications in relation to this course.

Applicant Data Protection Acknowledgement

By submitting my expression of interest in this form to attend the course(s), I acknowledge that the data controllers may process my personal details for the purposes of assessing my eligibility for the course and to contact me with follow-up correspondence. I understand that I may also address any questions, comments and/or access requests regarding my personal details to foi@imetb.ie

Signed: _____

Date: _____

This form should not be altered in any way. Should the form be altered, for whatever reason, the PLSS System can assume no responsibility for and give no guarantees, undertakings or warranties concerning the accuracy, completeness or up to date nature of the information provided and does not accept any liability whatsoever arising from any errors or omissions.

School/Centre: _____

Funding Category:

<i>(please tick)</i>	Adult Literacy Groups	<input type="checkbox"/>	Local Training Initiatives	<input type="checkbox"/>
	Apprenticeship Training	<input type="checkbox"/>	Other Funding	<input type="checkbox"/>
	Blended Training	<input type="checkbox"/>	PLC	<input type="checkbox"/>
	Bridging and Foundation Training	<input type="checkbox"/>	Refugee Resettlement	<input type="checkbox"/>
	BTEI Groups	<input type="checkbox"/>	Skills for Work	<input type="checkbox"/>
	Community Education	<input type="checkbox"/>	Specialist Training Providers	<input type="checkbox"/>
	Community Training Centres	<input type="checkbox"/>	Specific Skills Training	<input type="checkbox"/>
	ESOL	<input type="checkbox"/>	Traineeship Training	<input type="checkbox"/>
	Evening Training	<input type="checkbox"/>	Voluntary Literacy Tuition	<input type="checkbox"/>
	FET Cooperation Hours	<input type="checkbox"/>	VTOS Core	<input type="checkbox"/>
	ITABE	<input type="checkbox"/>	VTOS Dispersed	<input type="checkbox"/>
	Justice Workshop	<input type="checkbox"/>	Youthreach	<input type="checkbox"/>
	Libraries Training	<input type="checkbox"/>		

Eligibility:

<i>(please tick)</i>	VTOS - Over 21	<input type="checkbox"/>
	Youthreach - Early School Leaver	<input type="checkbox"/>
	BTEI - Medical Card	<input type="checkbox"/>
	BTEI/VTOS - 6 month receipt of SW payment	<input type="checkbox"/>
	BTEI/VTOS - SW Payment	<input type="checkbox"/>
	BTEI/VTOS - Dependent of SW Recipient	<input type="checkbox"/>
	BTEI/VTOS - Credits	<input type="checkbox"/>
	Youth Guarantee	<input type="checkbox"/>
	Parenting/Care Duties	<input type="checkbox"/>

This form will be reviewed January 2018