

Name:

Address:

Telephone No:

Date of Birth:

P.P.S.N.:

Year you left school:

Age when leaving:

List any exams you have taken:

List your work experience:

What kind of social welfare payment are you receiving?

How long are you receiving this payment?

Do you take any prescribed medications? Yes No If yes please give details:

Please ✓ tick the course you wish to study:

- A. **1st Year Options Course in Computers (Q.Q.I.)**
 Business, French, English, Art, Maths & History (to junior cert Level), Ceramics, Cookery & Woodcarving & P.I.P.S.
- B. **2nd Year Options Course** in Computers (Q.Q.I., City & Guilds) Art, Cookery, Ceramics & Woodcarving
- C. **1 Year Leaving Certificate**, including English, Maths, History, Home Economics, Business, Accounting, Biology, French and Art.
- D. **1st Year Computer Course** including Q.Q.I. Level 5 Certificate in Information Processing.
- E. **2nd Year Computer Course** including Q.Q.I. Level 5 Certificate in eBusiness, City & Guilds Diploma in Computer Applications, Digital Photography and Digital Marketing.
- F. **Woodcarving**, Q.Q.I. Level 3, 4, 5, Ceramics, Art and Digital Photography

Why do you wish to do the course?

Please indicate if there is any other course/subject you wish to study.

I, _____ (participant's signature) agree/disagree that my data may be shared with consultancy bodies and agencies approved by the Department of Education and Science/ETB/Centre from time to time for purposes of monitoring the impact of the Back to Education Initiative (Part-time Programme). I understand 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 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.

PRINT FORM, COMPLETE AND RETURN TO :
VTOS Kilkenny, Bishop Birch Training Institute, Waterford Road, Kilkenny, Co. Kilkenny