



Type of Course

Course Start Sept _____

Name of course you wish to apply for			
Name			
Address			
PPSN		Date of Birth	
Mothers maiden name		Male	Female
Country of birth		Nationality	
Residency status if non EU			
Email address			
Phone number			
Emergency name and contact number			
Length of time on the live register	To be eligible for VTOS you must have a minimum of 156 day on the register		
Type of allowance you receive		Have you ever been on a VTOS course before and if so, for how long?	
Location of your DSP Office			
Highest level of education obtained to date and year obtained Please tick relevant box	Primary Education	Junior/Inter Certificate	
	LCA	Leaving Certificate	
	FETAC/QQI Level 5/6	Diploma	
	Degree	Other	

I consent to the information contained in this application form being used for the following purposes – Please tick each box to give your consent

<input type="checkbox"/>	CDETb to facilitate the setting up of learners and payments to VTOS learners
<input type="checkbox"/>	Department of Education and Science as part of the annual learner enrolment returns
<input type="checkbox"/>	Dept of Social Protection to verify attendance on VTOS or BTEI programmes
<input type="checkbox"/>	QQI to facilitate entry for examinations

I declare the information to be given here to be true and accurate

Signature _____ Date _____

Details of education to date

Details of Work Experience to date (please indicate when you last worked)

Future goals/aspirations – would you like to continue study or is finding work your priority?

The timetable hasn't been drawn up yet but there is always a possibility of classes starting at 8.50am, although we do try to timetable a later start where possible. Would this create any problems for you attending classes?

The following data relates to sensitive data. Do you consent to allow us to process this information? Please tick the relevant box

	I Consent		I do not consent
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Is there anything you would like to tell us about which might affect your ability to do well on the course. (eg physical health, mental health, learning disabilities, family etc)

This information will help us identify suitable supports for you if necessary

*****For Admin use*****

First Contact		Letter of offer sent	
Other contacts			