

REGISTRATION - Application / Booking Form

The purpose of this form is to apply for/book a training course.

Section 1: Course Details

PLEASE USE BLOCK CAPITALS

Please refer to our current schedule for details of the course you wish to attend and fill in the details below.

Course Title: Event ID:

Start Date: Location:

Time of Day: Full Day Morning Afternoon Evening

Day of Week: Monday Tuesday Wednesday Thursday Friday Saturday

Section 2: Your Details (official name)

First Name: Surname:

PPS Number: Date of Birth:

Home Address:

County: Email:

Home Phone: Mobile:

Name as you wish it to appear on your certificate, if different from your official name:

Do you hold a medical card or are you in receipt of social welfare? Yes No Medical card no:

Please include a photocopy of some evidence of your PPSN and name e.g. social welfare card or letter from revenue and a copy of your Photo ID showing your date of birth (Passport, Drivers Licence or National Age Card)

Section 3: Equality and Diversity

Do you have any special requirements? (hearing / vision / mobility / very frequent breaks / literacy) Yes No

Please give detail of any special requirements you may have:

Section 4: Recognition of Prior Learning

Please provide details of relevant previous education:

Please provide details of relevant previous work experience:

Section 5: Invoice to: if different from details above

Funded by: Paying Myself Other:

Your Employer

*Pobal (Childcare only)

*TESG (Department of Social Welfare Grant)

*SOLAS

*Community Employment (CE Scheme)

Funder Name: Job Title:

Organisation: Phone:

Address:

***Please ensure that the relevant funding authority has approved your funding prior to the commencement of the programme**

Section 6: Payment

Payment method: Cash Cheque Laser / Debit Card Credit Card Postal Order

Amount authorised / enclosed: €

Card Number:

Expiry: / /

Name on your card:

Section 7: Terms and Conditions

Forus Training reserves the right to postpone any course. Upon completing this booking form, a non-refundable deposit as per your invoice is required to reserve a place on this course. In order to be refunded your deposit an acknowledged cancellation must be made in writing ten working days before the course start date. No fee refund will be made to customers who do not attend class or do not finish the course. Full fees must be paid prior to the course start date unless otherwise agreed in writing. Once signed, these terms and conditions are binding.

Section 8: Sign Off – Course Applicant

I confirm that the information provided is accurate and complete and that I have read the course outline Yes

Signature: Date:

Please send your completed form with the course fee to: Forus Training, Castle House, Castle Street, Mullingar, Co. Westmeath.

OFFICE USE

Section 9: Office Use Programme Registrar

in ADM

Does the learner meet the course entry requirements? Yes No Registrar initials:

If no please detail:

Does the learner have special requirements? Yes No Registrar initials:

Provisions to be put in place for special Requirements:

Section 10: Office Use Accounts

in ADM

Learner Set up on ADM: Yes ADM ID:

Invoice No: Accounts Sign off: