

REGISTRATION - Application / Booking Form

QQI Level 5 Major Award in Healthcare Support Code: 5M4339

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

The QQI Level 6 Major Award in Healthcare Support consists of 120 credits which includes eight modules each worth 15 credits.

Learners can use credits from one Level 5 module in place of a Level 6 module which is optional in the list below. The programme modules offered are as follows:

Level 5 Module Name:	Credit Value:	Please indicate which courses you would like to complete	
Intellectual Disability Studies 5N1652 (Optional)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:
Care of the Older Person 5N2706 (Optional)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:
Infection Prevention and Control 5N3734 (Optional)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:
Care Skills 5N2770 (Mandatory)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:
Communications 5N0690 (Mandatory)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:
Safety and Health at Work 5N1794 (Mandatory)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:
Care Support 5N0758 (Mandatory)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:
Work Experience 5N1356 (Mandatory)	15 Credits	<input type="checkbox"/> Start Date:	Event ID:

You must complete all of the mandatory modules plus optional modules to the value of 30 credits to achieve your full Level 6 Major Award.

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:

If you have successfully completed previous modules with another organisation please list them below. If you have completed 2 or more modules with another centre there is a €50 fee payable for the processing of your major award.

If you have a degree you may be eligible for an exemption in your communications module.

Section 4: Recognition of Prior Learning

Name of Module and Level:	Code:	Year completed:	Certificate Code	Credit value
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Section 4A: Exemptions

Name of Module and Level:	Code:	Year completed:	Certificate Code	Credit value
1.				

Please provide details of other relevant previous education:

Please provide details of relevant previous work experience:

Section 5: Invoice to: if different from details above

Funded by:	<input type="checkbox"/> Paying Myself	<input type="checkbox"/> Other:	<input type="text"/>
	<input type="checkbox"/> Your Employer		
	<input type="checkbox"/> *Pobal (Childcare only)		
	<input type="checkbox"/> *TESG (Department of Social Welfare Grant)		
	<input type="checkbox"/> *SOLAS		
	<input type="checkbox"/> *Community Employment (CE Scheme)		
Funder Name:	<input type="text"/>	Job Title:	<input type="text"/>
Organisation:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>		

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

Section 6: Payment

Payment method:	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Laser / Debit Card <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Postal Order <input type="checkbox"/>	
Amount authorised / enclosed:	<input type="text" value="€"/>					
Card Number:	<input type="text"/>				Expiry:	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Name on your card:	<input type="text"/>					

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 <input type="checkbox"/>	No <input type="checkbox"/>	Registrar initials:	<input type="text"/>
If no please detail:	<input type="text"/>			
Does the learner have special requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registrar initials:	<input type="text"/>
Provisions to be put in place for special Requirements:	<input type="text"/>			

Section 10: Office Use Accounts

 in ADM

Learner Set up on ADM:	Yes <input type="checkbox"/>	ADM ID:	<input type="text"/>
Invoice No:	<input type="text"/>	Accounts Sign off:	<input type="text"/>