

P9 S2 Registration - Application / Booking Form

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

Section 1: WHAT is your chosen Course?

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:	<input type="text"/>	Event ID:	<input type="text"/>
Start Date:	<input type="text"/>	Location:	<input type="text"/>
Time of Day:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Day of Week:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday

Section 2: Your Details (official name)

First Name:	<input type="text"/>	Surname:	<input type="text"/>
PPS Number:	<input type="text"/>	Date of Birth:	<input type="text"/>
Home Address:	<input type="text"/>		
County:	<input type="text"/>	Email:	<input type="text"/>
Home Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Name as you wish it to appear on your certificate, if different from your official name		<input type="text"/>	
Do you hold a medical card or are you in receipt of social welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical card no:	<input type="text"/>

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: WHO is paying for your course?

- Paying myself in full: ☐ Self Funded(SF)
- Partially paying for myself: ☐ Partially Funded– Part of my course is being funded (PF)
- Fully Funded: ☐ Invoice will be paid in full by a grantor (GA) _____
- Funded by:
(PF or GA with)
- ☐ Employer(ER)
- ☐ *TESG (TESG123456)
- ☐ *SOLAS (SOLAS)
- ☐ *Community Employment (CE)
- ☐ *National Learning Network (NLN)
- ☐ *Seetec(SEETEC)
- ☐ *POBAL (POBAL)
- ☐ Other

Funder Details:

Funder Name:		Job Title:	
Organisation:		Phone:	
Email:		PO #:	
Address:			

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

Section 6:WHEN are you / your funder paying?

Please indicate a method of how you are paying. Courses should be paid for before their start date unless previously agreed upon with a member of management.

- ☐ Paid in Full (before start date) (PIF)
- ☐ Instalment Plan A (€100 Deposit & Regular Instalments of €50) (INSTALLA)
- ☐ Instalment Plan B (Custom plan agreed upon with funder) (INSTALLB)

Section 7:HOW are you paying?

Payment method: Cash ☐ Cheque ☐ Laser / Debit card ☐ Credit card ☐ Web Order ☐ Bank transfer ☐

Amount authorised / enclosed: €

Card Number:	<input type="text"/>	Expiry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name on your card:	<input type="text"/>						

Section 8: Terms and Conditions

Terms and Conditions Forus Training Courses - Booking, Cancellation and Refund Policy. Forus Training's goal is to fulfil and deliver on scheduled events as planned with learners who have fully committed to the event. In order to ensure courses run and are well subscribed and attended the following terms and conditions are in place. Course places are allocated on a first come basis, based on payment of course fees, or payment of your first instalment, where applicable. Full payment of course fees is required before course commencement unless an instalment plan is agreed or a grantor or other third party e.g. Department of Employment Affairs and Social Protection has approved funding in writing. Should the funding be withdrawn or your non-attendance or non submission of funding / documentation / assessment material not meet the funders criteria the full fee becomes payable by you the learner. If you have made a payment of course fees, in part or in full, and then are granted funding by a third party you will be refunded your payment when Forus Training receives payment from the funder. Cancellation must be confirmed in writing more than 30 days prior to commencement of the course. Forus Training will refund the total amount paid less a minimum administration charge of €100. Deposit payments are non refundable in all circumstances. Cancellation after this period will result in full course fees being forfeited. Written notice should be directed to hello@forustraining.ie. If you book within the 30 day period the option of cancellation will not be available to you. If written cancellation is not received 30 days prior to the course, and the learner does not attend on the day(s), then the learner, or the organisation, or the funder, is liable for full course fees. Forus Training reserves the right to change any of the details given in any of its course brochures. Forus Training reserves the right to cancel or postpone a course in the event of unforeseen circumstances or insufficient numbers. If a course is oversubscribed or cancelled, learners will be given the option of a full refund or be booked onto the next available course. Scheduled course dates, days and times may change

throughout the course. If a course is postponed by Forus Training by more than 60 days - from the original start date, the full fee is refundable to you. Forus Training is committed to protecting your privacy and the confidentiality of information provided to us. The information you provide is necessary for the processing of your application. We may share your personal data with relevant third parties, where necessary in relation to the processing of your application. Please note course registrations and course fees are non-transferable..

Section 9: Sign Off – Course Applicant

I confirm that the information provided is accurate and complete and that I have read the course outline and that I agree with the terms and conditions above 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: