

REGISTRATION - Application / Booking Form

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

| Section 1: Course | Details | | | | PL | EASE USE BLOCK CAPITA |
|--|--|-----------------------|-----------------------|-----------------|----------------|---|
| Please refer to our | current schedule for de | etails of the course | you wish to attend | d and fill in t | he details be | low. |
| Course Title: | QQI Level 5 Major Award in Healthcare Support 5M4339 Event ID: | | | | Event ID: | |
| Start Date: | | | Location: | | | |
| Time of Day: | ☐ Full Day | ☐ Morning | ☐ Afternoon ☐ Evening | | | |
| Day of Week: | ☐ Monday | ☐ Tuesday | ☐ Wednesday | ☐ Thursda | y □Fri | day 🗆 Saturday |
| | edits from one Level 5 e as follows: | | | which is opti | onal in the li | es each worth 15 credits. st below. The programme which courses you would to complete |
| Intellectual Disabili | ity Studies 5N1652 (Op | tional) | 15 Credits | ☐ Sta | rt Date: | Event ID: |
| Care of the Older P | erson 5N2706 (Optiona | nl) | 15 Credits | ☐ Sta | rt Date: | Event ID: |
| Infection Preventio | n and Control 5N3734 | (Optional) | 15 Credits | ☐ Sta | rt Date: | Event ID: |
| Care Skills 5N2770 (Mandatory) | | | 15 Credits | ☐ Sta | rt Date: | Event ID: |
| Communications 5N0690 (Mandatory) | | | 15 Credits | ☐ Sta | rt Date: | Event ID: |
| Safety and Health at Work 5N1794 (Mandatory) | | | 15 Credits | ☐ Sta | rt Date: | Event ID: |
| Care Support 5N0758 (Mandatory) | | | 15 Credits | ☐ Sta | rt Date: | Event ID: |
| Work Experience 5I | Vork Experience 5N1356 (Mandatory) | | | □ Sta | rt Date: | Event ID: |
| Award. If you need | all of the mandatory n further information or etails (official name) | help in choosing t | | | | hieve your full Level 6 Majo rustraining.ie. |
| First Name: | | | Surname: | | | |
| PPS Number: | | Date of Birth: | | | | |
| Home Address: | | | | | | |
| County: | ty: | | Email: | | | |
| Home Phone: | :: | | Mobile: | Mobile: | | |
| Name as you wish i | t to appear on your cer | tificate, if differen | t from your official | name | | |
| Do you hold a medi welfare? | ical card or are you in r | eceipt of social | Medical card n | io: | | |
| Please include a ph | notocopy of some evidence of bir | | | | | r from revenue and a copy |



| 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. | 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 previo | | | | | | |
| Please provide details of relevant previous wo | rk experience: | | | | | |



| Section 5: Invoice t | o: if different from details above | | |
|---|---|---|--|
| Funded by: | □ Paying Myself □ Your Employer □ *Pobal (Childcare only) □ *TESG (Department of Social Welfare of Soci | | |
| Funder Name: | | Job Title: | |
| Organisation: | | Phone: | |
| Address: | | | |
| | relevant funding authority has approved you | r funding <u>prior</u> to the com | mencement of the programme |
| Section 6: Payment | | | |
| Payment method: | Cash ☐ Cheque ☐ Laser / Del | oit Card 🗆 Credi | it Card Postal Order |
| Amount authorised / | enclosed: € | | |
| Card Number: | | | Expiry: M M Y Y |
| Name on your card: | | | |
| Section 7: Terms ar | od Conditions | | |
| on scheduled events subscribed and attention payment of course course course course course course in the course and Social Protection of funding / documer you have made a pay payment when Forus prior to commencem €100. Deposit payment forfeited. Written not cancellation will not be attend on the day(s), right to change any ocourse in the event of given the option of a throughout the course refundable to you. For information you prove | as planned with learners who have fully coded the following terms and conditions are fees, or payment of your first instalment, in tunless an instalment plan is agreed or a has approved funding in writing. Should thatation / assessment material not meet the ment of course fees, in part or in full, and the training receives payment from the funderent of the course. Forus Training will refund that are non refundable in all circumstance in eavailable to you. If written cancellation is then the learner, or the organisation, or the the details given in any of its course brock fundreseen circumstances or insufficient full refund or be booked onto the next available to yous postponed by Forus Training trus Training is committed to protecting your payment of the protecting your protecting your payment of the following is committed to protecting your payment of the following is committed to protecting your payment of the following is postponed by Forus Training is committed to protecting your payment of the following is committed to protecting your payment of the following is postponed by Forus Training is committed to protecting your payment of the following is postponed by Forus Training is committed to protecting your payment of the following is payment of the following is postponed by Forus Training is committed to protecting your payment of the following is payment of the following is provided in the following is payment of the following | mmitted to the event. It is in place. Course places where applicable. Full prograntor or other third prograntor or other third programmers criteria the full then are granted fundinger. Cancellation must be done the total amount paid is. Cancellation after this ing.ie. If you book withing in the funder, is liable for furthers. Forus Training remains a course is course. Scheduled by more than 60 days ur privacy and the confiapplication. We may she | party e.g. Department of Employment Affairs in or your non-attendance or non submission. I fee becomes payable by you the learner. If g by a third party you will be refunded your confirmed in writing more than 30 days. I less a minimum administration charge of a period will result in full course fees being in the 30 day period the option of prior to the course, and the learner does not all course fees. Forus Training reserves the serves the right to cancel or postpone a poversubscribed or cancelled, learners will be discourse dates, days and times may change is a from the original start date, the full fee is dentiality of information provided to us. The are your personal data with relevant third |
| Section 8: Sign Off | – Course Applicant | | |
| I confirm that the info | ormation provided is accurate and complet | e and that I have read t | he 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 Pr | rogramme Registrar | | | | | |
| 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 | | | | | | |
| Learner Set up on ADM: | Yes □ | | ADM | ID: | | |
| Invoice No: | |] | Accounts Sign o | off: | | |