

REGISTRATION - Application / Booking Form

QQI Level 5 Major Award in Intellectual Disability Practice Code: 5M1761

The purpose of this form is to apply for/book a training course. PLEASE USE BLOCK CAPITALS Section 1: Course Details Please refer to our current schedule for details of the course you wish to attend and fill in the details below. QQI Level 5 Major Award in Intellectual Disability Practice Event ID Course Title: Start Date: Location: Time of Day: ☐ Full Day ☐ Morning ☐ Afternoon □ Evening Day of Week: □ Monday □ Tuesday ☐ Wednesday ☐ Thursday Friday ☐ Saturday The QQI Level 5 Major Award in Intellectual Disability Practice 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: Please indicate which courses you would Level 5 Module Name: **Credit Value:** like to complete Empowering the Individual 5N1749 (Mandatory) 15 Credits ☐ Start Date: Event ID: 15 Credits ☐ Start Date: Intellectual Disability Studies 5N1652 (Mandatory) Event ID: Community Inclusion 5N1740 (Mandatory) 15 Credits ☐ Start Date: Event ID: Person Centred Focus to Disability 5N1728 (Optional) 15 Credits ☐ Start Date: Event ID: Work Experience 5N1356 (Mandatory) 15 Credits ☐ Start Date: Event ID: Challenging Behaviour 5N1706 (Optional) 15 Credits ☐ Start Date: Event ID: Facilitating Learning 5N1753 (Mandatory) 15 Credits ☐ Start Date: Event ID: Communications 5N0690 (Mandatory) 15 Credits ☐ 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. If you need further information or help in choosing the optional modules, please email info@forustraining.ie. 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 Medical card no:

welfare?

☐ Yes



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 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 Learnin	g		_				
Name of Module and Level:	Code:	Year completed:	Certificate Code	Credit value			
1.							
2.							
3.							
4.							
5.							
6. 7.							
7.							
Section 4A: Exemptions							
Name of Module and Level:	Code:	Year completed:	Certificate Code	Credit value			
1.							
				_			
Please provide details of other relevant pre	vious education:						
Please provide details of relevant previous work experience:							



Section 5: Invoice t	to: if different from details above						
Funded by:	 □ Paying Myself □ Your Employer □ *Pobal (Childcare only) □ *TESG (Department of Social Welfare G □ *SOLAS □ *Community Employment (CE Scheme) 						
Funder Name:		Job Title:					
Organisation:		Phone	:				
Address:							
*Please ensure that the	e relevant funding authority has approved your	funding <u>prior</u> to the cor	nmencement of the programme				
Section 6: Payment	t						
Payment method:	Cash ☐ Cheque ☐ Laser / Deb	nit Card 🗆 Cred	dit Card Postal Order				
Amount authorised /	enclosed: €						
Card Number:			Expiry: M M Y Y				
Name on your card:							
Section 7: Terms a	nd 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 oversubscr							
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									
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 II	D:					
Invoice No:]	Accounts Sign of	ff:					