

APPLICATION FORM 2017 - 2018

PLEASE COMPLETE IN BLOCK CAPITALS

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|----------------------------------------------------------|
| Name: | | | |
| Address: | | | |
| Postcode: | | | |
| Telephone Number: | | Mobile Number: | |
| E-Mail Address: | | | |
| National Insurance Number**: | | | |
| Date of Birth: | | | |
| Country of Birth: | | What is your first language? | |
| Do you have a disability? (A person has a disability if he/she has a "physical or mental impairment which has a substantial and long term adverse effect on his /her ability to carry out normal day today activities".) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any special requirements? | | | |

****If you fail to provide a National Insurance Number we will be unable to process your application**

Courses to be enrolled for: PLEASE SELECT NO MORE THAN 3 COURSES

| | | | | | | | |
|------------------------------------------------|--------------------------|----------------------------------------------------|--------------------------|----------------------------------------|--------------------------|------------------|--------------------------|
| Essential Skills English | <input type="checkbox"/> | Introduction To Computers | <input type="checkbox"/> | Aromatherapy | <input type="checkbox"/> | Jewellery Making | <input type="checkbox"/> |
| Essential Skills Maths | <input type="checkbox"/> | Getting The Most From Your Smartphone | <input type="checkbox"/> | Art Journaling | <input type="checkbox"/> | Laughter Yoga | <input type="checkbox"/> |
| ESOL (English for Speakers of Other Languages) | <input type="checkbox"/> | Getting The Most From The Internet | <input type="checkbox"/> | Confidence/ Assertiveness | <input type="checkbox"/> | Managing Stress | <input type="checkbox"/> |
| Understanding Your Spending | <input type="checkbox"/> | Getting To Know Your iPad | <input type="checkbox"/> | Cook It | <input type="checkbox"/> | Mindfulness | <input type="checkbox"/> |
| Employability Skills/Job Search | <input type="checkbox"/> | Getting To Know Your Tablet | <input type="checkbox"/> | Craft Classes | <input type="checkbox"/> | Pilates | <input type="checkbox"/> |
| Defibrillator Training | <input type="checkbox"/> | iPad/Tablet * Progression (*Delete as appropriate) | <input type="checkbox"/> | Creative Writing | <input type="checkbox"/> | Self Defence | <input type="checkbox"/> |
| First Aid | <input type="checkbox"/> | Sage Accounts Level 1 | <input type="checkbox"/> | Dancing Your Way To Health & Happiness | <input type="checkbox"/> | Tai Chi | <input type="checkbox"/> |
| Food Hygiene | <input type="checkbox"/> | Sage Payroll Level 1 | <input type="checkbox"/> | Drumming | <input type="checkbox"/> | Yoga | <input type="checkbox"/> |
| | | Walking Group | <input type="checkbox"/> | Hormone Harmony | <input type="checkbox"/> | Zumba | <input type="checkbox"/> |

PLEASE NOTE THAT FILLING IN THIS FORM DOES NOT GUARANTEE A PLACE ON YOUR CHOSEN COURSE(S)

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|  <p>European Union European Social Fund Northern Ireland people: skills: jobs:</p> | <p>Courses Part Funded By European Social Fund and Department for the Economy</p> |  <p>Department for the Economy</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|

PLEASE COMPLETE BOTH SIDES

Do you require Childcare and/or transport to attend courses?

Childcare required

Transport required

Child 1 – Name _____ Age _____ Birth Date _____

Child 2 – Name _____ Age _____ Birth Date _____

Employment Details – Please complete all sections.
IF NOT FULLY COMPLETED YOUR FORM WILL NOT BE PROCESSED

| Are you: | Yes | No | Evidence Required |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|------------------------------------------------------|
| In receipt of Job Seekers Allowance? | <input type="checkbox"/> | <input type="checkbox"/> | ES1 Form – Available from First Steps Women's Centre |
| In receipt of Income Support? | <input type="checkbox"/> | <input type="checkbox"/> | |
| In receipt of Employment Support Allowance? | <input type="checkbox"/> | <input type="checkbox"/> | |
| In receipt of Severe Disability Allowance? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Economically inactive? (Not in work and not looking for work eg retired, looking after the home/family, unable to work due to illness/disability) | <input type="checkbox"/> | <input type="checkbox"/> | ES2 Form – Available from First Steps Women's Centre |
| In employment? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes, how many hours per week are you employed? | | | |

Are you attending ESF funded courses elsewhere?

Yes **No**

If YES please state the name of the course(s):

How did you hear about First Steps Women's Centre?

| | | | | | |
|-----------|--------------------------|--------------|--------------------------|---------------|--------------------------|
| Newspaper | <input type="checkbox"/> | Social Media | <input type="checkbox"/> | Family/Friend | <input type="checkbox"/> |
| Leaflet | <input type="checkbox"/> | Website | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Declaration: I declare the details given on this form are true to the best of my knowledge

Signed: Date: