

APPLICATION FORM 2018 - 2019

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?			<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"/>	Digital Photography	<input type="checkbox"/>	African Drumming	<input type="checkbox"/>	Managing Stress	<input type="checkbox"/>
Essential Skills Maths	<input type="checkbox"/>	Introduction To Computers	<input type="checkbox"/>	Chi Me	<input type="checkbox"/>	Mindfulness	<input type="checkbox"/>
ESOL (English for Speakers of Other Languages)	<input type="checkbox"/>	Introduction to iPad	<input type="checkbox"/>	Confidence/ Assertiveness	<input type="checkbox"/>	Pilates	<input type="checkbox"/>
Employability Skills/Job Search	<input type="checkbox"/>	Introduction to Tablet	<input type="checkbox"/>	Cook It! / International Cooking	<input type="checkbox"/>	Sew Good	<input type="checkbox"/>
Pre-ESOL	<input type="checkbox"/>	iPad Progression	<input type="checkbox"/>	Creative Writing	<input type="checkbox"/>	Walking	<input type="checkbox"/>
Vocational Studies	<input type="checkbox"/>	Microsoft Office	<input type="checkbox"/>	Dancing Your Way To Health & Happiness	<input type="checkbox"/>	Yoga	<input type="checkbox"/>
IT for Jobsearch	<input type="checkbox"/>	Sage Accounts Level 1	<input type="checkbox"/>	Holistic Therapies Taster	<input type="checkbox"/>	Defibrillator Training	<input type="checkbox"/>
		Sage Payroll Level 1	<input type="checkbox"/>	Hormone Harmony	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
		Smartphone	<input type="checkbox"/>	Make-up & Style Tips	<input type="checkbox"/>	Food Hygiene	<input type="checkbox"/>
		Tablet Progression	<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>
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PLEASE COMPLETE BOTH SIDES

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

Childcare required

Transport required

Child 1 – Name _____ Age _____ Date of Birth _____

Child 2 – Name _____ Age _____ Date of Birth _____

Employment Details – Please complete all sections.

IF NOT FULLY COMPLETED YOUR FORM WILL NOT BE PROCESSED

Are you:	Yes	No
In receipt of Job Seekers Allowance?	<input type="checkbox"/>	<input type="checkbox"/>
If you are on Job Seekers Allowance, what date will you be starting Steps to Success? (If you are unsure please ask your Advisor in Jobs & Benefits Office)	DATE	
	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
In employment?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many hours per week are you employed?		

About You

	Yes	No
Are you attending any other ESF funded Programmes?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a legal resident in a European Union Member State?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to take up employment in the UK?	<input type="checkbox"/>	<input type="checkbox"/>

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: