

APPLICATION FORM 2019 - 2020

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"/>	Desktop Publishing	<input type="checkbox"/>	African Drumming	<input type="checkbox"/>	Hormone Harmony & Female Health	<input type="checkbox"/>
Essential Skills Maths	<input type="checkbox"/>	Digital Photography	<input type="checkbox"/>	Brain Fit (Fitness Class)	<input type="checkbox"/>	Makaton Taster Workshop	<input type="checkbox"/>
ESOL (English for Speakers of Other Languages)	<input type="checkbox"/>	Introduction To Computers	<input type="checkbox"/>	Chi Me	<input type="checkbox"/>	Make-up & Style Tips	<input type="checkbox"/>
Employability Skills/Job Search	<input type="checkbox"/>	Introduction to iPad	<input type="checkbox"/>	Choir Group	<input type="checkbox"/>	Managing Stress	<input type="checkbox"/>
Pre-ESOL Conversation Class	<input type="checkbox"/>	Introduction to Tablet	<input type="checkbox"/>	Confidence/ Assertiveness	<input type="checkbox"/>	Mindfulness	<input type="checkbox"/>
Vocational Studies	<input type="checkbox"/>	iPad Progression	<input type="checkbox"/>	Conversational Spanish	<input type="checkbox"/>	Mindset & Emotional Wellbeing Workshops	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	Microsoft Office	<input type="checkbox"/>	Cook It! / International Cooking	<input type="checkbox"/>	Pilates	<input type="checkbox"/>
IT for Jobskills	<input type="checkbox"/>	Sage Accounts Level 1	<input type="checkbox"/>	Coping with Anxiety & Depression	<input type="checkbox"/>	Sew Good	<input type="checkbox"/>
Defibrillator Training	<input type="checkbox"/>	Sage Payroll Level 1	<input type="checkbox"/>	Creative Writing	<input type="checkbox"/>	Walking	<input type="checkbox"/>
First Aid	<input type="checkbox"/>	Smartphone	<input type="checkbox"/>	Dancing Your Way To Health & Happiness	<input type="checkbox"/>	Yoga	<input type="checkbox"/>
Food Hygiene	<input type="checkbox"/>	Tablet Progression	<input type="checkbox"/>	Holistic Therapies Taster	<input type="checkbox"/>	Calligraphy	<input type="checkbox"/>

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



Project Part financed through the **Northern Ireland European Social Fund 2014 - 2020** and Department for the Economy



PLEASE COMPLETE BOTH SIDES

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

Childcare required (*up to 5 years old*)

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"/>

Declaration: I declare the details given on this form are true to the best of my knowledge. I consent to FSWC securely storing the information I have provided and contacting me in the future regarding courses and other services.

Signed:

Date:



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