



# BACK TO EDUCATION INITIATIVE

1b Meadow Court,  
Burrin Street, Carlow.  
Tel: 059 91 39532

PLACE  
PHOTO  
HERE

## BTEI COURSE APPLICATION FORM

COURSE FOR WHICH YOU ARE APPLYING:

1st CHOICE: \_\_\_\_\_

2nd CHOICE: \_\_\_\_\_

### PERSONAL DETAILS:

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Nationality: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / 19\_\_\_ Age Band: 16-18 19-20 21-24 25-34 35-44 45-54 55-64 65+

Gender: \_\_\_\_\_ PPS No: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Medical Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Emergency Contact Details: Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Are you suffering from any medical condition that may affect your learning while in class? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, for the purpose of Health and Safety, please give details of your medical condition: \_\_\_\_\_

### EDUCATIONAL BACKGROUND: Please tick all relevant categories

Primary Education

Lower Second Level Education(Group Cert/Junior Cert or equivalent) Fetac Level 3 or equivalent (Full Award)

Upper Second Level Education(Leaving Cert or equivalent) Fetac Level 4/5 or equivalent (Full Award)

Fetac Level 6 (Full Award) or above.

### ECONOMIC STATUS: Please circle the relevant category

Employed Full-time

Employed Part-time

Unemployed

Not in the Labour Market

Other: \_\_\_\_\_

Please indicate duration of unemployment or not in the labour market:

Less than 6 Months

6-12 months

12-24 months

24-36 months

More than 3 years

Social Welfare Payment: (Please tick which payment applies to you)

Job Seekers Allowance

Job Seekers Benefit

Widow's/Non-Contributory Pension

Pre-retirement Allowance

Invalidity Pension

Widower's Non-Contributory Pension

One Parent Family Payment

Farm Assist

Guardians Payment Non Contributory

Disability Allowance

Back To Work Allowance

Jobs Initiative Scheme

Carers Allowance

Family Income Supplement

Supplementary Welfare Allowance

Illness Benefit(6mths +)

Community Employment Scheme

Social Economy Scheme

State Pension Non-Contributory

Other: Please specify \_\_\_\_\_

FOR THE PURPOSES OF OUR FUNDING ALLOCATION, PLEASE INDICATE WHICH CATEGORIES APPLY TO YOU:

Early School Leaver	One-Parent Family	Traveller	Person with a Disability
Ex-offender	Refugee	Asylum Seeker	
Homeless	Migrant Worker	Substance Misuser	
ESOL	Other: _____		

All details will be treated in confidence, however if you have any queries or hesitations about filling out this part of the application form please ask to speak with the BTEI Co-ordinator in confidence.

I understand that under the Data Protection Act, personal information recorded on computer must be stored safely and treated as confidential. It may not be used without consent other than for the purpose for which it was gathered. I agree that my data may be shared with consultancy bodies and agencies approved by the Department/VEC/Centre from time to time for purposes of monitoring the impact of the BTEI research and tracking only. However, this information will never be made available publicly in any way which could identify an individual person.

AGREE: \_\_\_\_\_ DISAGREE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Participant Signature

How did you hear of this BTEI Programme: \_\_\_\_\_

*Please ensure to enclose proof of Social Welfare Payment*

*Please provide a copy of a current Medical Card and a passport sized photograph*

*Please Return to: **BTEI Centre, 1b Meadow Court,  
Burrin Street, Carlow***

FOR OFFICE USE ONLY

BTEI STAMP

Category: \_\_\_\_\_

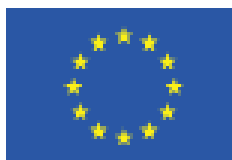
Referred by: \_\_\_\_\_

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Ireland's EU Structural Funds  
Programmes 2007 - 2013

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