

BACK TO EDUCATION INITIATIVE (BTEI) APPLICATION FORM

Please attach a copy of your birth cert with photo attached or driver's licence or passport for identification purposes

NAME: _____

MALE FEMALE

CONTACT NO: (1) _____

ADDRESS: _____

(2) _____

DATE OF BIRTH: □□/□□/□□

E-MAIL: _____

NATIONALITY: _____

MEDICAL CARD: YES / NO

NUMBER: □□□□□□□□ EXPIRY DATE: _____

PERSONAL PUBLIC SERVICE (PPS) NUMBER: □□□□□□□□ □□

Your PPS No. will be used as your Student Identification No. and for exam purposes (if applicable).

Emergency Contact Person / Next of Kin:

Name: _____

Address: _____

Telephone No. 1: _____ 2: _____

EDUCATION / EXPERIENCE

QUALIFICATIONS	YEAR AWARDED	SUBJECTS / GRADES
Intermediate/Junior Certificate		
Leaving Certificate		
NCVA / FETAC Award		
Other qualifications/experience:		

PREFERRED COURSE / LOCATION

* COURSE (S)			
° LOCATION (S)			
Reason for Applying:			

* SUBJECT TO DEMAND ° SUBJECT TO AVAILABILITY OF SUITABLE

VENUES

Co. Waterford VEC BTEI programmes are funded by the Irish Government and part-financed by the European Union as part of the National Development Plan 2000-2006

Your Plan - Your Future



Ireland's EU Structural Funds Programmes 2007 - 2013
Co-funded by the Irish Government and the European Union



If you are a Dependant of a Social Welfare/Training Allowance Recipient, Please State Details:

Name of Recipient	Relationship of BTEI Applicant to Social Welfare/Training Allowance Recipient	Recipient's PPS No.	Recipient's Medical Card No.	Recipient's Type of Social Welfare/ Training Allowance Payment

YOUR CURRENT SITUATION (I.E. PRIOR TO COMMENCING A BTEI PROGRAMME)

PLEASE TICK THE GROUPING THAT BEST DESCRIBES YOU (You may tick more than one box)

Person with a Disability	<input type="checkbox"/>	Drug User/Ex Drug User	<input type="checkbox"/>	Ex-offender	<input type="checkbox"/>
Early School Leaver	<input type="checkbox"/>	Lone Parent	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	ESOL Student	<input type="checkbox"/>	Literacy Student	<input type="checkbox"/>
Refugee	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Migrant Worker	<input type="checkbox"/>
Other	<input type="checkbox"/>	(.....)			

PLEASE TICK IF IN RECEIPT OF SOCIAL WELFARE PAYMENT

Please tick **one** box only to indicate payment type. If it is not listed below, please write your payment type in the space provided (.....)

Allowances	Assistances	Benefits	Pensions	Schemes	Supplements
Back to Work <input type="checkbox"/>	Farm <input type="checkbox"/>	Disability (6months) <input type="checkbox"/>	Invalidity <input type="checkbox"/>	Community Employment <input type="checkbox"/>	Family Income <input type="checkbox"/>
Carer's <input type="checkbox"/>	Unemployment <input type="checkbox"/>	Unemployment <input type="checkbox"/>	Old Age Non-Contributory <input type="checkbox"/>	Jobs Initiative <input type="checkbox"/>	
Disability <input type="checkbox"/>			Orphan's Non-Contributory <input type="checkbox"/>	Social Economy <input type="checkbox"/>	
Lone Parent <input type="checkbox"/>			Widow's Non-Contributory <input type="checkbox"/>		
Pre-Retirement <input type="checkbox"/>			Widower's Non-Contributory <input type="checkbox"/>		
Supplementary Welfare <input type="checkbox"/>					

ECONOMIC / EMPLOYMENT STATUS (Tick **one** box only)

1	Unemployment Assistance (U.A.)	<input type="checkbox"/>	Or Unemployment Benefit (UB)	<input type="checkbox"/>
2	Employed Full time	<input type="checkbox"/>		
3	Employed Part time	<input type="checkbox"/>	Or Employed Part-time and in receipt of UA/UB	
4	Working in the Home	<input type="checkbox"/>		
5	Training Scheme (e.g. FÁS etc.)	<input type="checkbox"/>	Or on Training Scheme and Employed Part-time	
6	Other (not listed above)	<input type="checkbox"/>		

DURATION OF UNEMPLOYMENT (1 above) OR NOT IN LABOUR MARKET (4- 6 above)

Less than 6 months 6 -12 Months 13 -24 Months 25 – 36 Months More than 3 years

EDUCATIONAL LEVEL (Please tick relevant boxes)

No Formal Education	<input type="checkbox"/>	Primary School Only	<input type="checkbox"/>	Lower Secondary Level	<input type="checkbox"/>
Upper Secondary (Leaving Cert.)	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	Post Leaving Cert Course	<input type="checkbox"/>
FÁS Course	<input type="checkbox"/>	ANCO Course	<input type="checkbox"/>	CERT Course	<input type="checkbox"/>
TEAGASC Course	<input type="checkbox"/>	Non Degree 3 rd Level	<input type="checkbox"/>	Primary Degree	<input type="checkbox"/>
Post Graduate Diploma	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>

I understand that under the Data Protection Act (1998), 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 approved by the Department/VEC/Centre from time to time for the purpose of monitoring the impact of B.T.E.I. and research and tracking only. I understand that this data will never be made available publicly in any way in which I may be identified.

Signed **Dated**

Please forward to the BTEI Co-ordinator, Mary Upton, Unit F13, Dungarvan Shopping Centre, Dungarvan, Co. Waterford.
Please call **(058) 41780** if you have any queries relating to BTEI and/or this form.