

Back to Education Initiative (Part-time Programme) - Participant Details Form

2010

School/Centre _____ Course Name: _____ Participant's PPS No <input style="width: 150px; height: 20px;" type="text"/>	Morning: _____ Night: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50px;">CAT.</td><td>2A</td></tr> <tr><td></td><td>2B</td></tr> <tr><td></td><td>3</td></tr> <tr><td></td><td>4</td></tr> <tr><td>Med. Card</td><td><input style="width: 80px; height: 20px;" type="text"/></td></tr> </table> Participant's Medical Card No <input style="width: 180px; height: 20px;" type="text"/> Med. Card Expiry Date: _____	CAT.	2A		2B		3		4	Med. Card	<input style="width: 80px; height: 20px;" type="text"/>
CAT.	2A											
	2B											
	3											
	4											
Med. Card	<input style="width: 80px; height: 20px;" type="text"/>											

Section 2: Personal Details

Name _____ Address _____ _____ _____ _____ E-mail: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Sex</th> <th style="width: 35%;">Male</th> <th style="width: 35%;">Female</th> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> Home Tel. No. _____ Mobile Tel. No. _____ Nationality: _____ Date of Birth: _____	Sex	Male	Female		<input type="checkbox"/>	<input type="checkbox"/>
Sex	Male	Female					
	<input type="checkbox"/>	<input type="checkbox"/>					

Emergency Contact/Next of Kin

Name _____ Tel. No. _____

Age Band	16 -17	18 - 20	21 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Economic / Employment Status

Indicate economic / employment status on commencement of programme (✓ one only):

1. Unemployed	<input type="checkbox"/>	(in receipt of jobseekers Allowance/ Benefit for whole week)
2. Employed Full-time	<input type="checkbox"/>	
3. Employed Part-time	<input type="checkbox"/>	
4. Not in the Labour Market	<input type="checkbox"/>	CE/Social Economy/Jobs Initiative & other similar training schemes

Indicate duration of unemployment (1 above) prior to commencing programme :

Less than 6 Months	6 - 12 Months	12 - 24 Months	24 - 36 Months	More than 3 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate duration not in labour market (4 above) prior to commencing programme :

Less than 6 Months	6 - 12 Months	12 - 24 Months	24 - 36 Months	More than 3 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If participant is a recipient of a social welfare or training payment please indicate payment

More than one may be ticked, if appropriate

Jobseekers Allowance <input style="width: 60px; height: 20px;" type="checkbox"/> Jobseekers Benefit <input style="width: 60px; height: 20px;" type="checkbox"/> Disability Allowance <input style="width: 60px; height: 20px;" type="checkbox"/> Illness Benefit (over 6 months) <input style="width: 60px; height: 20px;" type="checkbox"/> One-Parent Family Payment <input style="width: 60px; height: 20px;" type="checkbox"/> Carer's Allowance <input style="width: 60px; height: 20px;" type="checkbox"/> Farm Assist <input style="width: 60px; height: 20px;" type="checkbox"/> Family Income Supplement <input style="width: 60px; height: 20px;" type="checkbox"/> Back to Work Allowance <input style="width: 60px; height: 20px;" type="checkbox"/> Jobs Initiative Scheme <input style="width: 60px; height: 20px;" type="checkbox"/>	Community Employment Scheme <input style="width: 60px; height: 20px;" type="checkbox"/> Social Economy Scheme <input style="width: 60px; height: 20px;" type="checkbox"/> Pre-retirement Allowance <input style="width: 60px; height: 20px;" type="checkbox"/> Invalidity Pension <input style="width: 60px; height: 20px;" type="checkbox"/> Widow's Non-Contributory Pension <input style="width: 60px; height: 20px;" type="checkbox"/> Widower's Non-Contributory Pension <input style="width: 60px; height: 20px;" type="checkbox"/> State Pension Non-Contributory <input style="width: 60px; height: 20px;" type="checkbox"/> Guardian's Payment Non-Contributory <input style="width: 60px; height: 20px;" type="checkbox"/> Supplementary Welfare Allowance <input style="width: 60px; height: 20px;" type="checkbox"/> Other Please Specify <input style="width: 60px; height: 20px;" type="text"/>
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Modules Completed:	_____ _____ _____
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Participant Grouping by Self Selection/ Target Group

Indicate the grouping that best describes you (✓ more than one as appropriate):

Person with a Disability
 Substance Misuser
 Ex-offender
 Early School Leaver
 One-Parent Family
 Traveller
 Homeless

ESOL Student
 Refugee
 Asylum Seeker
 Migrant Worker
 Other

Highest Educational Level achieved prior to starting programme under BTEI

Indicate highest educational level achieved from list below (✓ one only)

Primary Education	
Lower Second Level Education (5 Ds in Group Certificate/Junior Certificate or equivalent)	
FETAC Level 3 or Equivalent (Full Award - 8 modules)	
Upper Second Level Education (min. of 5 Ds in Leaving Cert or equivalent)	
FETAC Level 4/5 or Equivalent (Full Award - 8 modules)	
FETAC Level 6 or Equivalent (Full Award - 8 modules) <u>or</u> above	

As appropriate the participant should provide evidence of certification and/or give relevant details

If participant is a dependant of a social welfare/ training payment recipient/medical card holder please state:

Recipient's PPS No

Recipient's Medical Card No

Relationship of Participant to Social Welfare/Training Allowance Recipient (✓)

Spouse	Son	Daughter

Participant Declaration

I confirm that the information given on this form is accurate.

Signed: _____

Date: _____

Data Protection

I _____ (participant's signature) agree / disagree that my data may be shared with consultancy bodies and agencies approved by the Department of Education and Science/VEC/Centre from time to time for purposes of monitoring the impact of the Back to Education Initiative (Part-time Programme). I understand that under the Data Protection Act personal information recorded in manual format and on computer must be stored safely and treated as confidential, that it will never be made available publicly in any way which could identify an individual person and that it will not be used without consent other than for the purpose for which it was gathered.

Please return to: Maura Burke, Adult Education Centre, Castle Buildings, Tara Street, Tullamore, Co. Offaly.