

Back to Education Initiative (BTEI) Part-time



Please Return the Completed Application Form To:

**BTEI, Adult Education Centre, Tipperary ETB, Army Barracks Campus,
Dillon Street, Clonmel, Co. Tipperary**

Telephone 052 6176755

Office hours: Monday-Friday 9.00am-1.00pm & 2.00pm-5.00pm

In order to confirm your eligibility for **free fees** through the BTEI, and to support you in accessing a FETAC/QQI accredited programme that will suit your current learning needs you are required to answer ALL questions as fully as possible. Please complete in your own handwriting using BLOCK letters. Thank you.

Section 1: Course(s) Applied For:

Course(s) Applied For & FETAC Level :	Location of course:
1 st Choice: _____	_____
2 nd Choice: _____	_____

How did you hear about the BTEI and the above course(s)?

South Tipperary Adult Guidance Service		Library Service		ETB Website		Dept. Social Protection		Other – give details:	
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Section 2: Personal Details

Name & Surname (BLOCK CAPITAL): _____	PPS No.:	<input type="text"/>
FULL NAME & SURNAME as per Birth Certificate: _____ (if different from above)	Medical Card No:	<input type="text"/>
Address: _____	Mobile No.:	<input type="text"/>
	Landline:	<input type="text"/>
Nationality: _____	E-mail:	_____
(Non-EU Citizens will be asked to produce evidence of their Residency Status i.e. photocopy of Stamp 4)	Date of birth:	<input type="text"/>
	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

Emergency Contact/Next of Kin: Name: _____ Contact No. _____

Section 3: Participant Grouping by Self Selection

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

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

Investing in your future

THIS PROJECT IS CO-FUNDED BY THE IRISH GOVERNMENT AND THE EUROPEAN UNION
UNDER THE EUROPEAN SOCIAL FUND

Section 4: Economic/Employment Status (Confirmation will be sought From Dept. Social Protection BTEI SW2)

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

1	Unemployed- In receipt of Jobseekers Allowance (JSA)/Job Seekers Benefit (JSB) for whole week (Please complete Section 5)	
2	Employed Full Time (Complete section 5 if in receipt of any of the payments noted)	
3	Employed Part-Time (Complete section 5 if in receipt of any of the payments noted)	
4	Not in the Labour Market (Please complete Section 5)	

Please indicate the amount of time that you have been in receipt of JSA/JSB OR Not in the Labour Market:

Less than 6 months	6 – 12 months	12 – 24 months	24 – 36 months	More than 3 years

Name of Employment Exchange at which you are signing: _____

Section 5: Social Welfare Payments/ Labour Market Status

IF YOU ARE IN RECEIPT OF A SOCIAL WELFARE PAYMENT, YOU MUST NOTIFY THE DSP (Department of Social Protection) BEFORE STARTING ON A COURSE/COMPONENT.

Please tick (✓) the payment(s) or benefit(s) that you are currently in receipt of. If none apply – please tick last box.

Jobseekers Benefit		Dependent on Spouse/Partner		Invalidity Pension		Supplementary Welfare Allowance	
Jobseekers Allowance		Disability Allowance		Jobs Initiative Scheme		Widow's Non-contributory Pension	
Back to Work Allowance		Farm Assist		One Parent Family		Widower's Non-contributory Pension	
Carer's Allowance		Family Income Support		Pre-retirement Allowance		Other, please specify	
Community Employment Scheme		Guardian's Payment Non-Contributory		Social Economy Scheme		Medical Card – give number and expiry date @ Section 2 (page 1)	
Credits (Signing for)		Illness Benefit (over 6 months)		State Pension Non-Contributory		I am not in receipt of any of the above payments/benefits	

Dependant Use Only:

Only complete this section if you are a dependant of a social welfare/training payment recipient/medical card holder. Please state the:

Recipient's Name _____

Recipient's PPS No

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Recipient's Medical Card No

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Name of Recipient's social welfare/training payment: _____

Relationship of Applicant to Social Welfare/Training Payment Recipient

Spouse/Partner	Son	Daughter

Section 6: Education

6a: Highest Educational Level (Certified) achieved prior to starting this programme	Please ✓ the highest educational level achieved.	Name of School/Post Leaving Certificate/Further Education Provider/3 rd Level Provider (If Not Applicable – write N/A)
Primary School		
<ul style="list-style-type: none"> Lower Second Level Education (5 Ds in Group Certificate/Junior Certificate or equivalent) FETAC Level 3 or Equivalent (Major Award) 		
<ul style="list-style-type: none"> Upper Second Level Education (5 Ds in Leaving Certificate or equivalent) FETAC Level 4 or 5 (Major Award) 		
Post Leaving Certificate/ Full Trade Qualification/FETAC Level 6 (Major Award) or higher qualification		
<p>Other: please give brief details of any other educational/training provision that you have participated in <i>Example 1: 2 modules on FETAC Level 5 Childcare Course – Early Childhood Education; Understanding Special Needs; Example 2: Educated in Poland – finished schooling at age 16.</i></p>		
<p>N.B.: RECOGNITION OF PRIOR ACCREDITED LEARNING (RPAL): The BTEI offers learners sitting for all FETAC Major Awards the opportunity to apply for RPAL. Please note details of any certification that you would like to be considered on a separate sheet of paper and attach same to your application. Subject to being offered a place – you will be asked to supply evidence of the relevant results.</p>		

6b: Computer Skills:
Please indicate your ability in the following computer applications and tick (✓) last column if you would like to attend FETAC accredited classes in some/all of the packages indicated below:

Microsoft Office (or equivalent)	Level of Ability: Excellent; V Good; Good; Fair; None	Certified Yes/No	If Certified give name of accrediting body	Please tick (✓) if interested in acquiring skills in this area through the BTEI
Word				
Powerpoint				
Spreadsheets				
Database				
Publisher				
Internet				
Other (give details)				

6c: If you presented for Certification at Junior Certificate Standard (FETAC Level 3) – please indicate with a tick (✓) the subjects (from the following list) that you achieved a minimum pass grade in:
1. Irish 2. English/Communications 3. Mathematics 4. Science

6d: If you presented for Certification at Leaving Certificate Standard (FETAC Level 4 and/or 5) – please indicate with a tick (✓) the subjects (from the following list) that you achieved a minimum pass grade in:
1. Irish 2. English/Communications 3. Mathematics 4. One/more Science Subjects

6e: Is English your mother tongue? Yes No

If you answered NO, how would you rate your:

(a) Spoken English - Excellent Very Good Good Fair Unsure

(b) Written English - Excellent Very Good Good Fair Unsure

Applicants who declare English as a second language may be referred for an English assessment.

6f: All applicants for childcare/healthcare/horticulture are asked to note if they hold current certification in respect of:

Manual Handling Yes No If yes give (approximate) expiry date: _____

Patient Handling Yes No If yes, give (approximate) expiry date: _____

Occupational First Aid (FETAC Level 5): Yes No If yes, give (approximate) expiry date: _____

Section 7: Reasonable Accommodation

Please give details of any medical condition and/or special requirements that we may need to be aware of i.e. wheelchair access; vision/hearing/speech difficulties; dyslexia; epilepsy; other:

Section 8: Supporting Information

Please outline briefly the main reasons why you would like to participate on this course (please use an additional page if necessary):

Section 9: Other Relevant Information

1. All applicants for Childcare and/or Healthcare and/or programmes with a Work Experience element working with vulnerable children and/or adults will be screened through the Garda Vetting process.
2. The BTEI forwards text reminders and/or course updates to those who register a mobile phone.
3. You are also asked to note that from time to time, class related photographs may be used in course related publicity. Please contact the BTEI Office in writing to Kaye Mullaney, BTEI, Adult Education Centre, Tipperary ETB, North Block, Army Barracks Campus, Dillon Street, Clonmel, Co. Tipperary – if you do not wish to have your photograph used in any course related publicity.

Section 10: Declaration

I confirm that the information given on this form is accurate. Furthermore, I undertake to contact the BTEI Office if my eligibility for free fees changes between my initial application and the start date for each new module/programme.

Signed: _____

Date: _____

Section 11: Data Protection: (N.B.: Your signature is needed in both places)

I _____ agree /disagree that my data may be shared with consultancy bodies and agencies approved by the Department of Education and Science/ETB/Centre from time to time for purposes of monitoring the impact of the Back to Education Initiative/other F.E. 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.

For Office Use Only:

Received By:		Date Received:		
Date Interviewed:		Offer Of Place:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason If No
Date Started Course:		Data Inputted by:	DB Ref No.:	Verified by: Date:
Referred to:			Date:	