

Course Code  
FG63H



*Community Training Centre*

*Village Centre  
Darndale  
Dublin 17  
Ph 01-8771661*



PLEASE ANSWER ALL QUESTIONS FULLY

**APPLICATION FORM**

\*Indicates required field

|                         |  |                  |  |
|-------------------------|--|------------------|--|
| <b>First Name</b>       |  | <b>Last Name</b> |  |
| <b>Address</b>          |  |                  |  |
| <b>Address</b>          |  |                  |  |
| <b>Address</b>          |  |                  |  |
| <b>Eircode/Postcode</b> |  |                  |  |
| <b>E-Mail Address*</b>  |  |                  |  |

Please supply your PPS No as you cannot be registered without it.

|                      |  |               |                                      |  |
|----------------------|--|---------------|--------------------------------------|--|
| <b>PPS No</b>        |  | <b>Gender</b> | <b>Male</b> <input type="checkbox"/> | <b>Female</b> <input type="checkbox"/> |
| <b>Date of Birth</b> |  | <b>Age</b>    |                                      |  |

|   |  |   |  |
|---|--|---|--|
|  <b>Contact Number</b> |  |  <b>Learners Mobile Number</b> |  |
|---|--|---|--|

If under 18 years of age this form must be sign by your Parents/Guardians

Parents/Guardians Signature

**If you are 18 years or over you must answer the following:**

Are you in receipt of any social welfare payment?

If No then you must make a claim with Social Welfare before you can start on this course

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| <b>Jobseeker's Benefit/Jobseeker's Allowance:</b>  | <b>YES</b> <input type="checkbox"/> | <b>NO</b> <input type="checkbox"/> |
| <b>One-Parent Family Payment:</b>                  | <b>YES</b> <input type="checkbox"/> | <b>NO</b> <input type="checkbox"/> |
| <b>Disability Benefit or Disability Allowance:</b> | <b>YES</b> <input type="checkbox"/> | <b>NO</b> <input type="checkbox"/> |



**A Community Training Centre**

Charity Number CHY 9599

An Initiative of Darndale Youth and Community Services Ltd.

Company Reg. No. 102248

Find us on: 

[www.discoveryctc.ie](http://www.discoveryctc.ie)

## EDUCATION DETAILS



|                            |   |
|----------------------------|---|
| <b>School Attended:</b>    |   |
| <b>Address:</b>            |   |
| <b>Address:</b>            |   |
| <b>Date Left School:</b>   |   |
| <b>Reason for Leaving:</b> |   |
| <b>Year Head:</b>          |   |
| <b>Exams Taken:</b>        | Junior Cert <input type="checkbox"/> Leaving Cert <input type="checkbox"/> Leaving Cert Applied <input type="checkbox"/> Other <input type="checkbox"/> |

You **Must** attach a copy of Certificate

Would you have any objection to the Discovery Centre contacting your school?

Yes:  No:

## EMPLOYMENT & TRAINING DETAILS

|                                    |  |
|------------------------------------|--|
| <b>Have you ever had a Job</b>     | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>If yes please give details:</b> |  |
|                                    |  |
|                                    |  |

|   |  |
|---|--|
| <b>Have you ever completed another training Course?</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>If yes please give details:</b>                      |  |
|   |  |
|   |  |

|   |  |
|---|--|
| <b>Have you ever been enrolled in Youthreach /CTC Previously?</b> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>If yes please give details:</b>                                |  |
|   |  |
|   |  |


Please follow link and register with FETCH courses?

|   |  |
|---|--|
| <b><u>Are you registered with FETCH Courses</u></b> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| <b>If so when did you register?</b>                 | <b>Date</b>  |
|   |  |

**Course(s) for which you are applying:**

|                               | Catering: | Hair & Beauty: | Health & Fitness: | Woodwork: |
|-------------------------------|-----------|----------------|-------------------|-----------|
| <b>1<sup>st</sup> Choice:</b> |           |                |                   |           |
| <b>2<sup>nd</sup> Choice:</b> |           |                |                   |           |
| <b>3<sup>rd</sup> Choice:</b> |           |                |                   |           |

**ADDITIONAL INFORMATION**

|   |  |   |
|---|--|---|
| <b>IN CASE OF ACCIDENT OR EMERGENCY:</b>              |  |  |
| <b>Please give details of person to be contacted:</b> |  |   |
| <b>Name:</b>  |  |   |
| <b>Address:</b>                                       |  |   |
| <b>Address:</b>                                       |  |   |
| <b>Address:</b>                                       |  |   |
| <b>Relationship to you:</b>                           |  |   |
| <b>Home Number:</b>                                   |  |   |
| <b>Mobile Number:</b>                                 |  |   |
| <b>Work Number:</b>                                   |  |   |

**DECLARATION**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a place on the induction course, I understand that false or misleading information in my application or my interview may result in my dismissal.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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