

Centre Code YA

Student Name	
Student Address	
DOB/Age	
PPSN	
Date Commenced	
Date Terminated	

Meal Deduction

I _____ authorise Dublin & Dunlaoghaire ETB to deduct on a weekly basis, the following monies from my training allowance:

_____ Euro meal allowance and _____ Euro meal deduction

Student Signature _____

Student Contribution Agreement

I _____ enter into this agreement with (insert Centre Name). I agree to pay a weekly contribution of _____ Euro towards the cost of materials. I authorise Dublin & Dunlaoghaire ETB to deduct this amount each week from my weekly training allowance.

Student Signature _____

Co-ordinator Signature _____

Electronic Fund Transfer

Bank Account Number	
Bank Sort Code (BIC)	
IBAN	
Bank Name	
Bank Branch	
Bank Address	
Name in which bank account is held (Block Capitals Letters)	
Address of Student	

Student Signature _____

Date _____

Media/Promotional Release Consent Form

Part 1: For completion by the person giving consent. (If a person is under 18 years of age, consent must be given by their parent/guardian).

Name of Participant (Print Name Clearly)	
Name of Person Giving Consent (Print Name Clearly)	
Name of Course/Programme	

Part 2: Consent- Please tick the boxes below where you agree to give consent

STATEMENT	YES	NO
Use in all electronic publicity material of my		
Name	<input type="checkbox"/>	<input type="checkbox"/>
Image	<input type="checkbox"/>	<input type="checkbox"/>
Voice	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>
Use in all hardcopy publications/publicity of my		
Name	<input type="checkbox"/>	<input type="checkbox"/>
Image	<input type="checkbox"/>	<input type="checkbox"/>
Work	<input type="checkbox"/>	<input type="checkbox"/>

I agree to notify staff & photographers that I do not wish to be included in any photographs. I will remove myself from any & all photo opportunities in the centre, at events & outings.

I agree & understand that my/or my child's name & photograph may be used to promote (Youthreach Insert Centre Name). I can withdraw my consent at any time by contacting management in writing at (Insert Centre Email) giving my details. However, I acknowledge that images/case studies that have been previously published with my consent, may still be in circulation and not withdrawn.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

(If under 18 years)



Ireland's European Structural and Investment Funds Programmes 2014-2020

Co-funded by the Irish Government and the European Union



An Roinn Oideachais agus Scileanna
Department of Education and Skills



etb

Bord Oideachais agus Oiliúna
Átha Cliath agus Dhún Laoghaire
Dublin and Dún Laoghaire
Education and Training Board



EUROPEAN UNION

Investing in your future

European Social Fund

SOLAS

An tSeirbhís Oideachais Leanúnaigh agus Scileanna
Further Education and Training Authority

Further Education and Training

CO-FUNDED BY THE IRISH GOVERNMENT, THE EUROPEAN SOCIAL FUND AND THE YOUTH EMPLOYMENT INITIATIVE
AS PART OF THE ESF PROGRAMME FOR EMPLOYABILITY, INCLUSION AND LEARNING PEIL 2014-2020

This form is designed to collect the information required by providers and funders to register learners, provide certification, establish eligibility for funding support, and facilitate follow-up with learners upon course completion and for use in statistical analysis of aggregate (non-personally identifiable) data. It facilitates the submission of accurate learner details to SOLAS the Further Education and Training Authority. While the course provider may support the learner in completing the form, the learner should sign off on the accuracy of the details provided and be provided with the PLSS Data Protection Statement.

Learner Detail Form

Course Title: _____

PLSS Reference Number: _____

Data Protection

This notice is an overview of how your personal data will be treated. If you would like to learn more about the treatment of your personal data, please see the PLSS Data Protection Statement attached to this application.

Acknowledgement

By applying for and/or attending a FET programme, I acknowledge that you may process my personal data (e.g. name, address, contact details, education) including sensitive personal data (where I opt to provide this information e.g. racial or ethnic origin) that you collect about me in connection with my application for and/or attendance on a FET programme and for purposes associated with coordinating, evaluating, funding and organising FET programmes and complying with European Union requirements for monitoring and reporting on its funding operations. I acknowledge that you may share my personal data (including my sensitive personal data where I opt to provide it) within your organisation and also with third parties in the FET sector as well as third parties monitoring and reporting on European Union co-funded operations. I acknowledge that I have reviewed the PLSS Data Protection Statement attached to this application form which sets out the full details regarding the processing of my personal data. I understand that I may also address any questions, comments and requests regarding your data processing practices at dataprotection@ddletb.ie.

Section 1: Personal Details

Name: _____

PPSN: _____

Address and Postcode/Eircode: _____

Term Address and Postcode/Eircode (IF DIFFERENT THAN PERMANENT ADDRESS): _____

Phone/Mobile: _____

Email: _____

Date Of Birth: _____

Sex:

Male

Female

Nationality: _____

Country Of Birth: _____

Emergency Contact(s):

Name: _____

Phone: _____

Name: _____

Phone: _____

FOR LEARNERS UNDER 18 ONLY:

Parent/Guardian Contact:

Is the signed Parental Consent form attached?

Yes

No

Name: _____

Phone: _____

Email: _____

Section 2: Social Welfare Payments, Including Secondary Benefits or State Payments

Are you in receipt of a welfare payment or a dependant of a welfare recipient?
(tick one only)

I am in receipt of a welfare payment

I am a dependant of a welfare recipient

None of the above

FOR LEARNERS IN RECEIPT OF A WELFARE PAYMENT ONLY:

What payment(s) are you in receipt of?
(tick one or more)

Jobseekers Allowance	<input type="checkbox"/>
Jobseekers Benefit	<input type="checkbox"/>
Disability Allowance	<input type="checkbox"/>
Illness Benefit (over 6 months)	<input type="checkbox"/>
Carer's Allowance	<input type="checkbox"/>
Farm Assist	<input type="checkbox"/>
Family Income Supplement	<input type="checkbox"/>
Back to Work Allowance	<input type="checkbox"/>
Jobs Initiative Scheme	<input type="checkbox"/>
One Parent Family Payment	<input type="checkbox"/>
Jobseeker's Transitional payment	<input type="checkbox"/>
Community Employment Scheme	<input type="checkbox"/>
Pre-retirement Allowance	<input type="checkbox"/>
Invalidity Pension	<input type="checkbox"/>
Widow(er)'s/Surviving Civil Partner's Pension	<input type="checkbox"/>
State Pension Non-Contributory	<input type="checkbox"/>
State Pension Contributory	<input type="checkbox"/>
Guardian's Payment Non-Contributory	<input type="checkbox"/>
Supplementary Welfare Allowance	<input type="checkbox"/>
Direct Provision Payment	<input type="checkbox"/>
Other	<input type="checkbox"/>

Specify: _____

FOR DEPENDANT LEARNERS ONLY:

Please state your relationship to a social welfare/training payment recipient/medical card holder recipient
(tick one only):

Spouse

Daughter

Son

Duration in receipt of welfare payment (in Weeks): _____

FOR NON EEA LEARNERS ONLY:

Do you hold a GNIB stamp 4?

Yes No

Do you have a medical card?

Yes No

Medical Card Number (if applicable): _____

Medical Card Expiry Date (if applicable): _____

Section 3: Educational and Training Attainments and Supports

Education Level	Course Title (if applicable)	Country Achieved	Year
No Formal Education or Training			
Pre-Primary/Primary Education			
Junior/Inter/Group Certificate NFQ Level 3			
Transition Year			
Leaving Certificate/A Levels/LCA			
Certificate NFQ Level 4			
Certificate NFQ Level 5			
Advanced Certificate NFQ Level 6			
Other non-NFQ aligned FET			
Higher Certificate NFQ Level 6			
Diploma NFQ Level 7			
Ordinary Bachelor Degree			
Honours Bachelor Degree			
Professional (NFQ 8+)			
Post-Graduate			
Doctorate or Higher			

Name and address of the last school attended (if known):

Have you gained qualifications/ credits through the Recognition of Prior Learning process?

Yes No

Have you participated in non-formal learning in the previous 4 weeks?

Yes No

e.g. distance learning courses, private lessons, organised sessions for on-the-job training, workshops, seminars, etc.

Do you require any learning support*? (tick one or more if applicable)

* this is not an indication that supports will be offered

English Language

Literacy

Numeracy

ICT

Do you require any additional supports*?

* this is not an indication that supports will be offered

Yes No

FOR LEARNERS REQUIRING ADDITIONAL SUPPORTS ONLY:

Please describe the learning support required:

Section 4: Economic Status

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

Unemployed (in receipt of Jobseekers Allowance/ Benefit for whole week)	<input type="checkbox"/>
Employed Full-time	<input type="checkbox"/>
Employed Part-time	<input type="checkbox"/>
Student/Trainee	<input type="checkbox"/>
Engaged in home duties	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Inactive for other reasons	<input type="checkbox"/>

Date current status commenced:

FOR LEARNERS IN CURRENT EMPLOYMENT OR PREVIOUSLY EMPLOYED ONLY:

Last/current job title:

Duration last/current employment: Years: _____ Months: _____

Employment status:
(tick one only)

Employee	<input type="checkbox"/>
Self-employed	<input type="checkbox"/>
Government scheme	<input type="checkbox"/>
Other	<input type="checkbox"/>

Employment type:
(tick one only)

Full-time	<input type="checkbox"/>
Part-time	<input type="checkbox"/>

Tenure:
(tick one only)

Permanent	<input type="checkbox"/>
Fixed Term Contract	<input type="checkbox"/>
Temporary	<input type="checkbox"/>
Agency	<input type="checkbox"/>
Apprenticeship	<input type="checkbox"/>
No Contract	<input type="checkbox"/>

Section 5: Further Details

**Ethnic and Cultural Background:
(tick one only)**

No Consent	<input type="checkbox"/>
White	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>
Roma	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>
Black or Black Irish	<input type="checkbox"/>
African	<input type="checkbox"/>
Any other Black Background	<input type="checkbox"/>
Asian or Asian Irish	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Any other Asian Background	<input type="checkbox"/>
Other, inc. Mixed Background	<input type="checkbox"/>

Specify: _____

**Indicate the grouping that best describes you:
(tick one or more)**

Substance Misuser	<input type="checkbox"/>
Ex-offender	<input type="checkbox"/>
Single Adult Household	<input type="checkbox"/>
Jobless Household with Dependants	<input type="checkbox"/>
Jobless Household with no Dependants	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

FOR NON EEA LEARNERS ONLY:

**Residency Status:
(tick one only)**

Refugee Status	<input type="checkbox"/>
Asylum Seeker	<input type="checkbox"/>
Student Visa	<input type="checkbox"/>
Employment Permit	<input type="checkbox"/>
Leave to remain on humanitarian or other grounds	<input type="checkbox"/>
Other	<input type="checkbox"/>

Specify: _____

**Length of Residency:
(tick one only)**

Less than 1 year	<input type="checkbox"/>
1 year or more	<input type="checkbox"/>

Years: _____

**Do you have any of the following Long Lasting Conditions*?
(tick one or more)**

* this is not an indication that supports will be offered

Blindness or a serious vision impairment	<input type="checkbox"/>
Deafness or a serious hearing impairment	<input type="checkbox"/>
A difficulty with basic physical activities	<input type="checkbox"/>
An intellectual disability	<input type="checkbox"/>
A difficulty with learning, remembering or concentrating	<input type="checkbox"/>
A psychological or emotional condition	<input type="checkbox"/>
A difficulty with pain, breathing, any other chronic illness/condition	<input type="checkbox"/>
None	<input type="checkbox"/>

e.g. walking, climbing stairs, reaching, lifting or carrying, etc. _____

Programme and Learner Support System Data Protection Statement

In connection with your application for, and subsequent programme of study on, further education and training (FET) programme funded through SOLAS, it will be necessary to process personal data (which may be held on paper, electronically, or otherwise) about you and third parties such as your next of kin. It is important that all personal data is treated in an appropriate and lawful manner, in accordance with applicable data protection laws. The purpose of this notice is to make you aware of how such personal data will be handled in this context. You agree to make third parties whose personal data or information you disclose aware of the terms of this Data Protection Statement.

What is PLSS?

The Programme Learner Support System (PLSS) is a joint project between SOLAS (the National Further Education and Training Authority) and Education and Training Boards Ireland (ETBI). PLSS is a suite of software applications that are designed to provide an integrated approach to the collection and processing of personal data of users of PLSS and FET programmes funded through SOLAS, and the outputs, outcomes and performance of such programmes. FET programme providers include those entities listed in Appendix 1.

Given the permanent importance of ensuring the protection of your personal data and related rights, prior to implementing PLSS, a data protection impact assessment was conducted in consultation with the data controllers below and the Office of the Data Protection Commissioner to ensure compliance with the principles of data protection.

Who collects your data?

When you apply to attend a FET programme funded through SOLAS, personal data and information that you provide will be held by one or more of the following entities (each a "data controller" further details of which are available in Appendix 3):

· SOLAS · Your FET programme provider such as your Education Training Board (ETB) · ETBI · Higher Education Authority · Department of Education and Skills · Quality and Qualifications Ireland · Department of Employment Affairs and Social Protection · Revenue Commissioners

Each data controller is committed to ensuring that the personal data of its learners are handled in accordance with the principles set out in the Data Protection Acts 1988 and 2003 (the "DP Acts"). If you have any queries about how your data are processed please contact dataprotection@ddletb.ie.

What data will be collected?

When you apply for a FET programme funded through SOLAS, you will be asked to provide personal data and information about yourself. The personal data will include your PPSN, first name, surname, name as per your birth certificate or passport, address, date of birth, gender, nationality, whether you are in receipt of a Department of Employment Affairs and Social Protection (DEASP) payments and/or employment details for those of you that are in employment and/or attended higher education, whether you have previously attended a FET programme funded through SOLAS. PLSS will record the course you enrolled in and your award (if any).

Each of the data controllers will process personal data and information that you provide and, in some instances where relevant, information provided to them by third parties such as other Governmental/public sector bodies (see more about this below).

Sensitive information about you such as ethnic or cultural background, living circumstances may be requested by a data controller listed below, which you may freely decide to give or not – this is an entirely optional disclosure. If you provide this information, the data will be retained, in aggregate form, for statistical and research purposes and to compare the progress of such groups with other groups. Such statistics and research will assist in identifying gaps in the system and assisting in the development and implementation of appropriate policies (e.g. equal opportunity policies) and interventions for future learners. If you decide to provide this information you are giving your explicit permission for the data to be processed for these purposes. Further details of the data to be processed are listed in Appendix 2.

Why and how do we process the information you provide?

It is necessary to process personal data you provide in connection with your application to and attendance on a FET programme funded through SOLAS. By submitting your application you acknowledge that such personal data may be processed for those purposes, including:

1. To contact you about the application.
2. To administer the application and to assess your eligibility for a FET programme funded through SOLAS in a particular academic year.
3. To follow up with you after the application is received, as required.
4. Maintenance of your learner record (including personal and course details).
5. Management of course processes (including commencement, completion, progressions).
6. Providing advice and support through the FET provider Guidance Services, where available.
7. To contact you after the course completion in order to measure course impact in relation to your further education and training participation and/or employment.
8. To track, evaluate and assess the outcomes of the FET programme.
9. To comply with European Union monitoring and reporting requirements.

Each of the data controllers undertakes to maintain your personal data in secure conditions with appropriate technical and organisational measures to protect it from unauthorised access or use. The data held on your PLSS record will be disclosed to relevant staff of the relevant data controllers and the FET programme provider and SOLAS on a need-to-know basis. All staff are made aware of the procedures they must follow to ensure your data is appropriately protected. It may also be made available to affiliated entities, agents, service providers, advisers and data processors and other Governmental, regulatory and/or public sector bodies.

SOLAS is required under the Further Education and Training Act 2013 to (among other things) to assist in the co-ordination and provision of training by others and conduct research into the functions of SOLAS. This might include tracking involvement in, conducting impact evaluations on and assessing outcomes of FET programmes funded through SOLAS. Accordingly, pursuant to agreed protocols and arrangements, SOLAS may provide to and receive from other Governmental, regulatory and/or public bodies (including those listed in Appendix 3), limited and specific types of data about you or provided by you in your application for a FET programme. For example FET providers are required to disclose some of your personal data to SOLAS for statistical purposes. In addition, if you are attending an European Union co-funded programme the Department of Education and Skills is required to provide some of your personal data to allow monitoring, reporting and evaluating programmes to which they provide funds.

To support efficient processing of the application, a FET programme provider may need to check the accuracy of personal information you provide with external data sources. For example, if you have achieved certifications previously from another institution, the FET programme provider may need to contact the other institution(s) for confirmation of any qualifications obtained. The current list of such institutions/agencies is set out in Appendix 3.

Retention of Data

Each data controller will keep your personal data for the purposes of on-going administration, audit, and review, but only for as long as is necessary to meet the purposes set out in this notice. Each data controller will keep historical data that is no longer required for these purposes for a set time before disposal according to its data retention policy.

Your Rights

You may request, in writing, a copy of your information held by each of the data controllers. Please write to the Data Protection Compliance Officer at the relevant data controller dataprotection@ddletb.ie. You may be asked to prove your identity before your request is met. If you believe there may be inaccuracies identified in the information held about you, then you can contact dataprotection@ddletb.ie to have such corrected, to block certain uses or object to the processing of your personal data.

Your Queries

If you have any queries about this notice or how your data are processed please contact dataprotection@ddletb.ie.

Acknowledgement

I understand that my data will be processed for the purposes and in the manner set out in this notice and will make third parties whose personal data or information I disclose aware of the terms of this Data Protection Statement.

Signed: _____

Date: _____

Please complete this form and return to your ETB

Appendix 1

Education and Training Boards

City of Dublin Education and Training Board
Donegal Education and Training Board
Kerry Education and Training Board
Cork Education and Training Board
Galway and Roscommon Education and Training Board
Limerick and Clare Education and Training Board
Cavan and Monaghan Education and Training Board
Dublin and Dun Laoghaire Education and Training Board
Kildare and Wicklow Education and Training Board
Kilkenny and Carlow Education and Training Board
Laois and Offaly Education and Training Board
Longford and Westmeath Education and Training Board
Louth and Meath Education and Training Board
Mayo, Sligo and Leitrim Education and Training Board
Tipperary Education and Training Board
Waterford and Wexford Education and Training Board

Other Providers

National Adult Literacy Association
Irish Deaf Society

Community, Voluntary and Secondary Schools

St Louis Community School, Kiltimagh, Co. Mayo
Coláiste Chiaráin, Summerhill, Athlone, Co. Roscommon
Our Lady's College, Presentation Road, Galway City

Mary Immaculate Secondary School, Lisdoonvarna, Co. Clare
Scoil Mhuire, Ennistymon, Co. Clare
North Presentation Secondary School, Farranree, Cork
Sacred Heart Secondary School, Clonakilty, Co. Cork
Nagle Rice Secondary School, Doneraile, Co. Cork
Central College, Sexton Street, Limerick
Sancta Maria College, Louisburgh, Co. Mayo
Nagle Centre Presentation Secondary School, Cannon Street, Waterford
Donahies Community School, Streamville Road, Dublin 13
Scoil Bernadette, Montenotte, Cork
St Michaels, Castlereagh, Co. Roscommon.
Coláiste Mhuire, Ballygar, Co. Galway
St Cuan's College, Castleblakeney, Ballinasloe, Co. Galway
Mean Scoil Mhuire, Newtownsmith, Galway
St. Joseph's College, Summerhill, Athlone, Co. Westmeath
Our Lady's Secondary School, Belmullet, Co. Mayo
Jesus & Mary Secondary School, Enniscrone, Co. Sligo
Mercy College, Sligo
St. Patrick's Comprehensive School, Shannon, Co. Clare
Community School, Cabinteely, Dublin 18
St. Aidan's Community School, Brookfield, Tallaght, Dublin 24
St. Tiernan's Community School, Parkvale, Sandyford, Dublin 16
Community School, Tullow, Co. Carlow
Community School, Castlecomer, Co. Kilkenny
Scoil Phobail Mhic Dara, Carna, Co. Galway
Clifden Community School, Clifden, Co. Galway
Community School, Dunmore, Co. Galway
Ramsgrange Community School, New Ross, Co. Wexford
Community School, Kilrush, Co. Clare
Community School Ballyhaunis, Co. Mayo
Gorey Community School, Gorey, Co. Wexford

Appendix 2

Data Items

PPSN
First Name
Last Name
Gender
Date of Birth
Address
County
eMail
Mobile
Phone
Nationality
Country of Birth
Follow Up Consent
Length of Residency In Ireland
Highest Formal Education (Award)
Highest Formal Education (Level)
Highest Formal Level field (ISCED)
Highest Formal Level Institution Type
Highest Formal Level Country
Highest Formal Level Duration
Highest Formal Level Year
Level of English Proficiency
Non Formal (0-N) Type, Level, Field, Institution, Delivery Mode, Delivery Method, Duration
Literacy Level
Numeracy Level
ICT Literacy
Funding
Referral/EOI Source
Formal Education History (0-N) Award, Level, Field, Institution, Country, Duration
Non Formal Education History (0-N) Type, Level, Field, Institution, Duration
RPL
Driver's License
Irish Speaker
Other Languages
Economic Status-current
Economic status - current: start date
If employed, current employment: type
If employed, current employment: tenure
If employed, current employment: occupation
If employed, current employment: sector
If employed, current employment: duration with current employer
If unemployed, previous employment
If unemployed, previous employment: type
If unemployed, previous employment: tenure
If unemployed, previous employment: occupation
If unemployed, previous employment: sector
If unemployed, previous employment: duration with last employer
Total work experience: length of time in paid employment (including current employer, if employed)

If unemployed: DEASP PEX score (probability of exit)
Employment history (0-N): type, tenure, occupation, sector, duration
On Live Register
In receipt of jobseekers benefit
In receipt of jobseekers benefit: duration
In receipt of job seeker allowance
In receipt of job seeker allowance: duration
In receipt of credits (Live Register)
In receipt of credits: duration
In receipt of back to work allowance
In receipt of back to work allowance: duration
In receipt of back to education allowance
In receipt of back to education allowance: duration
In receipt of training allowance
In receipt of training allowance: duration
In receipt of one-parent family payment
In receipt of one-parent family payment: duration
In receipt of farm assistance
In receipt of farm assistance: duration
In receipt of rural social scheme
In receipt of rural social scheme: duration
In receipt of back to work enterprise allowance
In receipt of back to work enterprise allowance: duration
In receipt of family income supplement
In receipt of family income supplement: duration
In receipt of continued child payment
In receipt of continued child payment: duration
In receipt of any other welfare payment
In receipt of any other welfare payment: type
In receipt of any other welfare payment: duration
Welfare payment history (0-N): type, duration
Homeless
Disability
Parenting/caring duties
In receipt of a disability welfare payment
In receipt of a disability welfare payment: duration
In need of learner supports
Type of learner support required
Refugee
Asylum seeker
Member of a Minority Group
Eligibility Outcome
Suitability Outcome
Start Date
Finish Reason
Progression/Placement
Medical Card Number
Medical Card Expiry Date
Parental Consent

Appendix 3

·Department of Education and Skills ·Revenue Commissioners: Confirmation of employment or self-employment and parameters of income details (where available)
·Department of Employment affairs and Social Protection: To validate information on applicants in receipt of social welfare payments ·Quality and Qualifications Ireland: To verify information regarding applicant's certification outputs as a result of attending a FET Programme ·Higher Education Authority (HEA): To verify and validate applicants who progress to higher education.
·Education and Training Boards: To verify and validate details of applicants who progress to further education.

This form should not be altered in any way. Should the form be altered, for whatever reason, the PLSS System can assume no responsibility for and give no guarantees, undertakings or warranties concerning the accuracy, completeness or up to date nature of the information provided and does not accept any liability whatsoever arising from any errors or omissions.

School/Centre: _____

Funding Category:

<i>(please tick)</i>	Adult Literacy Groups	<input type="checkbox"/>	Local Training Initiatives	<input type="checkbox"/>
	Apprenticeship Training	<input type="checkbox"/>	Other Funding	<input type="checkbox"/>
	Blended Training	<input type="checkbox"/>	PLC	<input type="checkbox"/>
	Bridging and Foundation Training	<input type="checkbox"/>	Refugee Resettlement	<input type="checkbox"/>
	BTEI Groups	<input type="checkbox"/>	Skills for Work	<input type="checkbox"/>
	Community Education	<input type="checkbox"/>	Specialist Training Providers	<input type="checkbox"/>
	Community Training Centres	<input type="checkbox"/>	Specific Skills Training	<input type="checkbox"/>
	ESOL	<input type="checkbox"/>	Traineeship Training	<input type="checkbox"/>
	Evening Training	<input type="checkbox"/>	Voluntary Literacy Tuition	<input type="checkbox"/>
	FET Cooperation Hours	<input type="checkbox"/>	VTOS Core	<input type="checkbox"/>
	ITABE	<input type="checkbox"/>	VTOS Dispersed	<input type="checkbox"/>
	Justice Workshop	<input type="checkbox"/>	Youthreach	<input type="checkbox"/>
	Libraries Training	<input type="checkbox"/>	Traineeship Employed	<input type="checkbox"/>

Eligibility:

<i>(please tick)</i>	VTOS - Over 21	<input type="checkbox"/>
	Youthreach - Early School Leaver	<input type="checkbox"/>
	BTEI - Medical Card	<input type="checkbox"/>
	BTEI/VTOS - 6 month receipt of SW payment	<input type="checkbox"/>
	BTEI/VTOS - SW Payment	<input type="checkbox"/>
	BTEI/VTOS - Dependent of SW Recipient	<input type="checkbox"/>
	BTEI/VTOS - Credits	<input type="checkbox"/>
	Youth Guarantee	<input type="checkbox"/>
	Parenting/Care Duties	<input type="checkbox"/>



Ireland's European Structural and Investment Funds Programmes 2014-2020

Co-funded by the Irish Government and the European Union



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Bord Oideachais agus Oiliúna
Átha Cliath agus Dhún Laoghaire
Dublin and Dún Laoghaire
Education and Training Board



EUROPEAN UNION

Investing in your future

European Social Fund

SOLAS

An tSeirbhís Oideachais Léarnúigh agus Scileanna
Further Education and Training Authority

Further Education and Training

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

This expression of interest form is designed to collect the information required by School/Centre, providers and funders being, SOLAS and the Department of Education and Skills, (each a "data controller") to put forward your expression of interest and facilitate follow-up correspondence from a data controller with you. The details of this form will be used as a basis for the formal application process to be a course participant and related matters (e.g. course funding support). It facilitates the submission of accurate applicant details to SOLAS (the Further Education and Training Authority).

Expression of Interest Form

School/Centre

Course Title

Section 1: Personal Details

Name: _____

Sex: Male

Date Of Birth: _____

PPSN: _____

Female

Address and Postcode:

Term Address and Postcode (IF DIFFERENT THAN PERMANENT ADDRESS):

Phone/Mobile:

Email:

Applicant Declaration

I confirm that the information given on this form is accurate and agree to receive follow up communications in relation to this course.

Applicant Data Protection Acknowledgement

By submitting my expression of interest in this form to attend the course(s), I acknowledge that the data controllers may process my personal details for the purposes of assessing my eligibility for the course and to contact me with follow-up correspondence. I understand that I may also address any questions, comments and/or access requests regarding my personal details to dataprotection@ddletb.ie

Signed: _____

Date: _____

This form should not be altered in any way. Should the form be altered, for whatever reason, the PLSS System can assume no responsibility for and give no guarantees, undertakings or warranties concerning the accuracy, completeness or up to date nature of the information provided and does not accept any liability whatsoever arising from any errors or omissions.

School/Centre: _____

Funding Category:

<i>(please tick)</i>	Adult Literacy Groups	<input type="checkbox"/>	Local Training Initiatives	<input type="checkbox"/>
	Apprenticeship Training	<input type="checkbox"/>	Other Funding	<input type="checkbox"/>
	Blended Training	<input type="checkbox"/>	PLC	<input type="checkbox"/>
	Bridging and Foundation Training	<input type="checkbox"/>	Refugee Resettlement	<input type="checkbox"/>
	BTEI Groups	<input type="checkbox"/>	Skills for Work	<input type="checkbox"/>
	Community Education	<input type="checkbox"/>	Specialist Training Providers	<input type="checkbox"/>
	Community Training Centres	<input type="checkbox"/>	Specific Skills Training	<input type="checkbox"/>
	ESOL	<input type="checkbox"/>	Traineeship Training	<input type="checkbox"/>
	Evening Training	<input type="checkbox"/>	Voluntary Literacy Tuition	<input type="checkbox"/>
	FET Cooperation Hours	<input type="checkbox"/>	VTOS Core	<input type="checkbox"/>
	ITABE	<input type="checkbox"/>	VTOS Dispersed	<input type="checkbox"/>
	Justice Workshop	<input type="checkbox"/>	Youthreach	<input type="checkbox"/>
	Libraries Training	<input type="checkbox"/>		

Eligibility:

<i>(please tick)</i>	VTOS - Over 21	<input type="checkbox"/>
	Youthreach - Early School Leaver	<input type="checkbox"/>
	BTEI - Medical Card	<input type="checkbox"/>
	BTEI/VTOS - 6 month receipt of SW payment	<input type="checkbox"/>
	BTEI/VTOS - SW Payment	<input type="checkbox"/>
	BTEI/VTOS - Dependent of SW Recipient	<input type="checkbox"/>
	BTEI/VTOS - Credits	<input type="checkbox"/>
	Youth Guarantee	<input type="checkbox"/>
	Parenting/Care Duties	<input type="checkbox"/>

This form will be reviewed January 2018



EUROPEAN UNION
Investing in your future
European Social Fund



Further Education and Training

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

Parental /Guardian Consent

Dear Parent or Guardian:

In order to process the application for the applicant named below to participate in a SOLAS funded Further Education and Training programme, Parental/Guardian consent is required for persons under 18 years of age.

Course Details:

Course Start Date:

Venue:

Applicant Name:

Parent/Guardian Declaration

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND I SIGN THIS FORM VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Parent/Guardian Data Protection Acknowledgement

I acknowledge that it is necessary in connection with the applicant participating in a SOLAS funded programme, for SOLAS and the Department of Education (DES) (each a "controller") to process my personal data in this form. I understand that I may also address any questions, comments and requests (access, erasure, objection or restriction) regarding your data processing practices at dataprotection@ddletb.ie who will also provide the contact details of the relevant Data Protection Officer.

I acknowledge that SOLAS and DES will retain my personal data for as long as is necessary in connection with the applicant's participation in the programme. Each controller will keep historical data for a set time before disposal according to its data retention policy. I have a right to lodge a complaint regarding the processing of my personal data with the Office of the Data Protection Commissioner.

Parent/Guardian's Full Name (please print):

Parent/Guardian's Telephone Number:

Signature: _____

Date: _____