



[Return Completed forms to foundations@parnell.cdetb.ie](mailto:foundations@parnell.cdetb.ie)

Enquiry Form All Courses

Family name(s) / Surname(s): _____

Name(s) _____

Address: _____

Date of Birth: Contact Number: _____

P.P.S N. : _____ Nationality: _____

Email: _____

Gender: Other Female Male Prefer not say

Service referred by: _____

Key workers name: _____ Contact Num/Email _____

Educational Assessment:

At what stage did you finish school?

- No Formal Schooling
- Primary Level (5-12 yrs old)
- Achieved Junior Cert (12-15 yrs old)
- Achieved Leaving Cert (15-18 yrs old)
- P.L.C. Course (18+)
- 3rd Level (Degree) (18+)
- Other : _____

Please mark your ability in the following .

	VERY WEAK	WEAK	OKAY	GOOD	VERY GOOD
Reading					
Writing					
Spelling					
Computers					

Please tick the class you would like to sign up for. You may choose more than 1 subject, but there may be a waiting list for some courses.

Internet & Email	<input type="checkbox"/>	Settlement Skills	<input type="checkbox"/>
Positive Psychology / Stress Management	<input type="checkbox"/>	Health & Fitness/Yoga	<input type="checkbox"/>
English Language (Beginner)	<input type="checkbox"/>	Study Support / College Advice	<input type="checkbox"/>
English Language (Improver)	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Creative Writing	<input type="checkbox"/>	Art	<input type="checkbox"/>
Preparation for Social Studies	<input type="checkbox"/>	Smartphone	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	Other (list below)	<input type="checkbox"/>

Do you have a medical condition that may affect your ability to attend certain classes?
(Epilepsy, asthma, difficulties getting up stairs, problems with being in groups, etc.)

Emergency Contact (Even if not residing in Ireland)

Name. _____ Phone Number. _____

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 Statement

By submitting this expression of interest form, I acknowledge that each controller may process my personal data (e.g. name, address, PPSN, contact details) for the purposes of assessing my interest in attending an FET course and to take steps to enrol in a FET course. I acknowledge that it may also be necessary to process my personal data for the performance or administration of a function of SOLAS or other controller under applicable law. I acknowledge that each controller may share my personal data within its organisations, with third parties in the FET sector and with third parties monitoring and reporting on European Union funded operation. I also understand that my personal data will be stored on the Programme Learning Support System ("PLSS") which is an ICT system for FET providers to manage and administer the programmes and courses, which they offer. I acknowledge that each Controller will keep my Personal Data for as long as is necessary in connection with my application to attend/enrol on a FET course and in accordance with each Controller's retention policy. Each 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. I understand that I may address any questions, comments and requests (e.g. access, erasure, restriction, rectification and portability) regarding a controller's processing practices regarding my personal data to dataprotection@cdetb.ie

Signed: _____ Date: DD / MM / YYYY

For Office Use Only – Additional Notes