

ENROLMENT FORM

(PLEASE USE BLOCK CAPITALS)

TITLE: MR/MISS/MS/Mrs SURNAME: _____

FORENAME: _____

ADDRESS: _____

POST CODE: _____

DATE OF BIRTH: ___/___/___ TEL NO: _____

NATIONAL INSURANCE NUMBER: _____

EMAIL ADDRESS: _____

TRAINING AREA OF INTEREST: _____

PREFERRED CONTACT METHOD: By E-mail: By Post: By Phone:

(From time to time we will need to contact you, please select your preferred method/s above)

NEXT OF KIN DETAILS:

NAME: _____

ADDRESS: _____

TEL NO: _____

RELATIONSHIP: _____

PREVIOUS QUALIFICATIONS

Degree level or above GCSE or Equivalent (Grade A-C)

A Level (Grade A-C) No Formal Qualifications

Other Qualifications (e.g. OCR, C&G, NVQ, Introductory etc.)

Please turn over

Return to: FRCI, Unit 3, 56A Tempo Road, ENNISKILLEN, Co Fermanagh, BT74 6HR

TEL: 028 66 326478

QF/01

CR Version 1.1 Oct 12

LEARNING SUPPORT:

Please indicate any learning difficulties/disabilities to enable us to assist your attendance in FRCI.

Specific Learning Disability (e.g. Dyslexia)
 Visual Mobility
 Hearing Mental Health

FINANCIAL APPRASIAL

ARE YOU: Employed Unemployed
 In receipt of Benefits: Yes No

If in receipt of Benefits, which benefit _____

HOW DID YOU FIND US?

Recommended by a Friend Job Centre Found us on-line
 Seen an advert (Please state where) _____
 Other (Please state where) _____

SIGNATURE: _____

DATE: ____/____/____

Office Use Only

PROGRAMME/PAYMENT	Entered on DB: ____ (Initial)
STW <input type="checkbox"/> Private <input type="checkbox"/>	
FRCI Signature: _____	DATE: ____/____/____