 ****

**Community Education**

**Learner Enrolment Form**

We are funded by the Dept of Education and Skills and must report on how we use the funding.  If you do not provide the information, it means your participation is not counted and may lead to a reduction in funding for our work. Please complete all questions in block capitals.  If you wish to protect the privacy of your information, please return it in a sealed envelope. 

**Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Print name as you would like it to appear on your certificate.

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eircode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_ PPSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A mobile will allow us to text you any class changes. **Contact**

**Economic Status and Social Welfare Details**

**🗖**Employed full-time **🗖**Employed part-time **🗖**Unemployed **🗖**Student/trainee

**🗖**Engaged in home duties **🗖**Retired **🗖**Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🗖**In receipt of social welfare payment. If yes, what is the payment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been in your current category? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education and Training History** Please give details of your highest education level.

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Course | Name of Course | Year Finished | Country (if outside Ireland) |
|  |  |  |  |

Is there anything else you wish to let us know? Please include relevant medical information.

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Yes! I would like to receive information about learning opportunities from CE via SMS **🗖** Email **🗖**

(You will receive an email to confirm your subscription)

I consent to KWETB CE using my photo and/or video recording of me to promote their work **🗖**

**Data Protection Statement**

I understand that my data may be shared as approved by the Department of Education and Skills, SOLAS, and KWETB to monitor the impact of Community Education. I understand that under the Data Protection Act, personal information recorded on paper or computer must be stored safely and treated as confidential. It will never be made available publicly in any way which could identify an individual person. It will only be used for the purpose for which it was gathered. I understand that I may also address any questions, comments and/or access requests regarding my personal details to [**dataprotection@kwetb.ie**](mailto:dataprotection@kwetb.ie)**.** More information can be found on [www.communityeducationkwetb.ie](http://www.communityeducationkwetb.ie)

**I acknowledge that the above details are correct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Participant Date**

**Return to**: Community Education, FETCN, Jigginstown, Naas, Co. Kildare. Revision: Oct 2019