

2014 BTEI Application Form (BTEI 1)

Name							
Address							
Email							
Tel		Mobile					
PPS No		Gender		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of Birth		Nationality					
Have you a medical condition you would like to make us aware of?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a disability you feel may interfere with your course?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a medical card?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require childcare (under the CETS funding scheme)?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Next of Kin Name		Number					

**PARTICIPANT GROUPING** Tick the box that best describes you – more than one box can be ticked

Person with Disability	<input type="checkbox"/>	Drug User/Ex Drug User	<input type="checkbox"/>	Ex-Offender	<input type="checkbox"/>
Early School Leaver	<input type="checkbox"/>	One-Parent Family	<input type="checkbox"/>	Traveller	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	ESOL Student	<input type="checkbox"/>	Literacy Student	<input type="checkbox"/>
Refugee	<input type="checkbox"/>	Asylum Seeker	<input type="checkbox"/>	Migrant Worker	<input type="checkbox"/>
Other – please specify					

**ECONOMIC/EMPLOYMENT STATUS**

Indicate by ticking one box your economic/employment status on commencement of programme

1	Unemployed – in receipt of Unemployment Assistance or Benefit	<input type="checkbox"/>	4	Working in the Home	<input type="checkbox"/>
2	Employed Full-time	<input type="checkbox"/>	5	On a Training Scheme CE/Jobs Initiative/Social Economy	<input type="checkbox"/>
3	Employed Part-time	<input type="checkbox"/>	5a	On Training Scheme and Employed Part-time	<input type="checkbox"/>
3a	Employed Part-time and in receipt of UA or UB	<input type="checkbox"/>	6	Other – not listed here	<input type="checkbox"/>

If you ticked number 1, 4, 5 or 6 above please indicate for how long: \_\_\_\_\_ Page 1 of 2

**etb**

Bord Oideachais agus Oiliúna Thiobraid Árann  
Tipperary Education and Training Board

Thurles College of Further Education, Railway Road, Thurles.  
Email: [reception@colaisteile.ie](mailto:reception@colaisteile.ie) Web: [www.colaisteile.ie](http://www.colaisteile.ie)  
Phone / Fax: 0504 21166



Coordinator: Dr Laurenz Egan  
Administrator: Bernie Gleeson



If you are in receipt of a Social Welfare, Health Board or Training Scheme Payment, please state which one: \_\_\_\_\_

If you are a dependent of a recipient of any of the above payments please state the name and PPSN number of the Recipient: \_\_\_\_\_

**PREVIOUS EDUCATION** Tick the highest level of education you have achieved to date

No Formal Education		Primary Education	
Lower Secondary Education (5 Ds in Group or Junior Cert or equivalent)		Upper Secondary Education (5 Ds in Leaving Cert or equivalent)	
FETAC Level 3 – Full Award		FETAC Level 4 – Full Award	
FETAC Level 5 – Full Award		FETAC Level 6 – Full Award	
Third Level Certificate		Third Level Diploma	
Third Level Degree		Third Level Post Graduate	

If you have already completed a course with BTEI, VTOS, PLC, Youthreach please give details

Course Title	
Modules/Subjects Covered	

**COURSE APPLYING FOR** Please enter the name of the course you wish to apply for

Course Title	
Modules/Subjects	

**PARTICIPANT DECLARATION** I confirm that the information given on this form is accurate

Student Signature		Date	
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**FOR OFFICE USE ONLY**

Comment					
Evidence		2a	2b	3	4
Year/Term					
BTEI Co-ordinators Signature: _____ Date: _____ Page 2 of 2					

**etb**

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**SECTION A – PERSONAL DETAILS**

Name: \_\_\_\_\_ PPSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SECTION B – CENTRE DETAILS**

Name of Centre: Coláiste Éile, Railway Road, Thurles, Co. Tipperary

Programme Title: \_\_\_\_\_

Year of Programme: \_\_\_\_\_ Programme Start Date: \_\_\_\_\_

I certify that the above named student is registered on the Programme as specified above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dr Laurenz Egan Co-ordinator

**SECTION C – BANK DETAILS**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Sort Code: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IBAN Number: \_\_\_\_\_

BIC Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Bank Official

**I hereby authorise Tipperary ETB to pay amounts due into the above bank account. I will notify Tipperary ETB of any changes and I undertake to repay payments lodged to my bank account to which I am not rightfully entitled. I understand that Tipperary ETB will continue to use the above bank account details and email address unless instructed otherwise by me in writing.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

**Please return completed form to Coláiste Éile, Railway Road Thurles, Co. Tipperary.**

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