

## Registration Form

### Participant information

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PPSN:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Course Information

#### Course Name

Practical Home Care Skills

Care of the Older Person

#### Location

Dublin

Limerick

**Course Start Date:** \_\_\_\_\_

If you are receiving funding from FÁS or another organisation, please state the name of the organisation and the contact details of the funder:

Organisation Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Background Information

**Have you previous experience in providing care?**

---

---

---

---

---

---

---

**Why do you want to do this course?**

---

---

---

---

---

---

---

**What would you like to do when you finish the course (i.e. employment, further education etc)?**

---

---

---

---

---

---

---

## Previous Education

What educational qualifications, if any, do you hold?

---

---

---

---

---

---

---

## English Language Competency

This course is delivered through English and therefore students need to be competent in comprehension, written and spoken English. Students should carefully assess their suitability to complete the programme through English.

Is English your first language?

Yes

No

How would you rate your competency in :

|                                | Very Good                | Good                     | Poor                     |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| English Language Comprehension | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Writing English                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral English                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Additional Information

If you would like to highlight any additional supports that you may require such as accessibility, large print, sign language interpretation etc, please do so here.

---

---

---

---

---

---

---

## Payment Information

Method of payment (Tick box):

Cheque/Postal Order\_\_\_\_                      Credit/Debit Card\_\_\_\_

Please send completed form with payment to:  
Home Care Training Ltd, Deverell Place, Gardiner Street, Dublin 1.

Please note, we do **NOT** accept payments in cash. Postal orders or cheques are acceptable. If paying by credit card, please phone 01 804 7333 or 01 879 7777 to process payment.

A non-refundable deposit of €100 is required to secure your place on the course. Bookings will not be confirmed until this payment is received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_