

**Training For Success - Sligo.**  
**The Institute Of Technology, Sligo**  
**Phone: ( 071 ) 9155303.**

**Application form 2006 / 2007**

Please write in block capitals.

Full Name: \_\_\_\_\_ PPS. No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \ Fax: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Are you registered with FAS ?      YES       NO

Who is your FAS Placement Officer?

Full Name: \_\_\_\_\_

FAS Branch or  
Office \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Please rate yourself under the following headings:**

(Please circle: 1 is very weak and 5 is very strong)

<b>Listener</b>	<b>1 2 3 4 5</b>	<b>Leader</b>	<b>1 2 3 4 5</b>
<b>Researcher</b>	<b>1 2 3 4 5</b>	<b>Worker</b>	<b>1 2 3 4 5</b>
<b>Timekeeper</b>	<b>1 2 3 4 5</b>	<b>Communicator</b>	<b>1 2 3 4 5</b>

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Vocational History: (Training courses)

Please describe any training programmes that you have attended in the past and list any certificates, qualifications or other relevant awards?

<u>NAME OF COURSE</u>	<u>NAME OF CENTRE</u>	<u>DATES</u>	<u>LEVEL</u>
1. _____ _____	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2. _____ _____	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3. _____ _____	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Do you have epilepsy?      Yes      No

Are you taking any medication ?

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