

Waterford VTOS

Vocational Training and Opportunities Scheme

Durand's Court, Parnell Street, Waterford City



**Keep Job Seekers Benefit
& other Social Welfare Payments for 2 years**

COURSES OFFERED

and gain a **QQI Level 5 Qualification**

Information Technology and Business

Including Medical Terminology, Accounts, Payroll & Web Design

Art, Craft and Design

Interior Design



Fashion Design and Sewing Skills



- Childcare Support through CETS Scheme
- Keep Social Protection payments for 2 years
- Over 6 months in receipt of an eligible Social Welfare Payment
- Adults, 21 years and over
- Keep Secondary Benefits
- Work part-time without loss of Benefit
- Meal and Travel Allowance
- Progression routes to Third Level
- Child Friendly Timetables
- ESOL Language Support
- Career Guidance
- Enterprise Workshops



FREE
Education
& Training



Contact Fintan Byrne, Administrator
Tel: 051 852803  WAEC VTOS
Email: vtos@adulthoodeducationcentre.ie
www.adulthoodeducationcentre.ie

V.T.O.S. Application Form

PLEASE USE BLOCK CAPITALS

CO-FUNDED BY THE IRISH GOVERNMENT AND THE EUROPEAN UNION UNDER THE EUROPEAN SOCIAL FUND

This expression of interest form is designed to collect the information required by School/Centre, providers and funders being, SOLAS and the Department of Education and Skills, (each a 'data controller') to put forward your expression of interest and facilitate follow-up correspondence from a data controller with you. The details of this form will be used as a basis for the formal application process to be a course participant and related matters (e.g. course funding support). It facilitates the submission of accurate applicant details to SOLAS (the Further Education and Training Authority).

Name: _____ Gender _____ Date of Birth _____ Age _____
Address: _____
PPSN: _____
Email: _____ Phone No.: _____
Nationality: _____ Mobile No.: _____

Title of Course you wish to apply for:

First Choice: _____

Second Choice: _____

Signed: _____ Date: _____

Please Affix
Passport
Photograph
Here

Disability if any: YES ☐ NO ☐

If YES, please specify: _____

Last School / College Attended:

Name and Address: _____

Examinations Taken:

Junior Cert. ☐ Leaving Cert. ☐ Leaving Cert. Applied ☐ No Formal Qualifications ☐ Other ☐

Employment History:

Last Employer: _____ Dates: _____

Position: _____

Previous Employment: _____

Declaration: I confirm that the information given on this form is accurate and agree to receive follow up communications in relation to this course. Applicant Data Protection Acknowledgement: By submitting my expression of interest in this form to attend the course, I acknowledge that the data controllers may process my personal details for the purposes of assessing my eligibility for the course and to contact me with follow-up correspondence. I understand that I may also address any questions, comments and/or access requests regarding my personal details to dataprotectionofficer@wwetb.ie.

Signed: _____ Date: _____

OFFICE USE ONLY

This last section must be completed by the Dept. of Social Welfare or Health Board before returning form to the Waterford VTOS Centre.

This applicant qualifies for admission to VTOS YES ☐ NO ☐

This applicant has been claiming one of the following for at least 6 months and is over 21 years of age

Job Seekers Allowance ☐ Job Seekers Benefit ☐ Signing for Credits ☐

Other, please specify: _____

No. of months unemployed Hatch No.

Signed: _____

STAMP