

Ability Enterprises

SPECIALIST TRAINING PROVIDER

Application Form - Information Technology Courses

PERSONAL DETAILS

Full name:

Address:

Date of birth:

P.P.S/R.S.I No.:

Contact no.:

Email:

Name of disability:

Nature of disability:

State your choice of course:

(Centre based or distance learning)

STATE BENEFITS

Type of social welfare payment:

Help applied for
(Please circle)

Amount:

€

CLINICAL INFORMATION (for centre based course applicants only)

Name & address of GP:

GP contact no.:

Medical card no.:

EDUCATIONAL DETAILS

DATE

SCHOOLS ATTENDED

1.	
2.	

VOCATIONAL TRAINING

DATE

TRAINING AGENCY

COURSE(S)

EMPLOYMENT/WORK EXPERIENCE

DATE

EMPLOYER

REASON FOR LEAVING

Have you previous computer experience:

YES:

☐

NO:

☐

Tick (✓) the appropriate box

Applicants signature:

Date: _____

www.abilityenterprises.ie

**Please complete and return this form to: IT Department, Ability Enterprises,
Ballindine, Claremorris, Co. Mayo. Tel: 094-9385005/9385006 Email:ability@iol.ie**