

Computer-based Business Studies and Tourism Course

Return completed Application Form to :

Emer Mullins, VTOS Co-ordinator,
Further Education Centre, Swinford, Co Mayo



Please complete this Form in BLOCK CAPITALS

Name _____

Address _____

_____ Telephone _____

Email _____ Date of Birth

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Social Welfare Category - please tick the appropriate box and state the number of months you are in receipt of payment

Social Welfare Category	Tick	Number of Months
Unemployment Payment		
One Parent Family/Disability Payment		
Signing for Credits/Adult Dependant		
Other (please specify)		

Do you require Childcare Assistance? _____

VTOS Swinford - Application

Education History - please tick the appropriate box

Educational Standard	Tick	State any Examinations Completed
Primary School		
Group/Junior Cert		
Leaving Cert		
Other (please specify)		

State your reasons for wanting to join VTOS? _____

How did you hear about VTOS _____

Any additional information you wish to provide regarding your Application

Signed _____ Date _____