

Application Form - Vocational Training

Personal Details

Name: _____

Date of Birth: __/__/__

Address:

_____ Post Code: _____

Telephone No: _____

Next Of Kin: _____

Relationship of Applicant: _____

Address if different from above: _____

Emergency Contact No.

Name of GP: _____

Name of Social Worker: _____

Office of Social Worker: _____

Telephone No. of Social Worker: _____

Health (please circle)

Do you take any medication? Yes/No

If yes do you take it yourself? Yes/No

Have you any medical condition we should know about? Yes/No

If yes please tell us.

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About You

Tell us about your hobbies or interests

What are your likes and dislikes?

Is there any other information you want to give us?

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Stepping Stones NI is a company limited by Guarantee with charitable status

Education

Please list any schools/colleges that you have attended and details of qualifications obtained.

Travel Experience

Do you travel alone using any of the following; (please tick)

Bus Walking Train Taxi

Please give details of any information that you feel we would benefit from with regard to the travel training course.

Work Experience

Please detail any work experience that you have had.

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Other Relevant information

Your Signature _____

Parent / Carer Signature _____

Please return to the Chief Officer of Stepping Stones NI

Office use only

Date application returned –

Actions –

Start Date -

Details -

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