

Stepping Stones  
**Workability Application Form**



**PERSONAL DETAILS**

Name:	Date of Birth:
Address:	Telephone Number:
Postcode:	
Telephone Number:	National Insurance No:
Next of Kin: Address <i>(if different from above)</i> :	Emergency contact number:

**EDUCATION**

Schools / Colleges Attended	Qualifications / Certificates Gained

**HEALTH**

Do you take any medication?	YES / NO
If yes do you take it yourself?	YES / NO
Have you any medical condition or special requirements we should know about? YES / NO	
<i>Details:</i>    	

## WORK EXPERIENCE

Do you have a job / work placement

YES / NO

What work experience do you have?

*Please explain*

Why would you like to do the Workability course?

*Please explain*

*Please sign this form below and return it to the Training department at  
Stepping Stones NI 39 Seymour Street Lisburn BT274SY*

Your signature:

Date:

Parent/Carer signature:

Date:

Referral agent:

Date:

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### Official use only

Date returned:

Actions:

Start date:

Details:



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