



SKILL PROGRAMME

FETAC Level 5 / 6

APPLICATION / PRE LEARNING ADVICE SESSION (PLA) FORM

This form is to secure participant application onto the SKILL Training Programme. Full information on the programme is available from www.skillprogramme.ie / by contacting your line manager.

- Refer to the “SKILL Programme Fact Sheet for Participants 2010 – 2011” brochure to assist in completing this form.
- Complete ALL Sections below and a copy of this form return to your Line Manager.
- Retain a copy of this form to take with you when attending your PLA in May.

CONTACT INFORMATION:

Organisation Name:			
Participant Staff Name:			
Job Title:			
Are you interested in Level 5 or Level 6? (TICK)	Level 5		
	Level 6		
Home Address:			
PPS Number:		Home Ph:	
		Mobile:	
Work Address:			
Line Manager:		Line Manager Phone:	
Where would you prefer to have your training? (Tick)	Close to home		
	Close to work		



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SKILL OPTIONAL MODULE CHOICE (Level 5 list three modules, Level 6 list one module):

1.	2.	3.
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To be completed by Applicant Staff:

- I have considered the commitment required for my FETAC Level 5/6 programme and will have all the necessary arrangements in place to allow me to meet this.
- I understand that my application will be subject to the availability of places and also subject to a Pre-Learning Advice Session.

Signature of Applicant: _____ **Date:** _____

To be completed by Line Manager / Supervisor:

I have discussed the following with the applicant above:

1. Release for taught modules and arrangements for payment for normal working hours.
2. Range of conditions relating to employment while on SKILL training.

I approve the optional modules listed above as applicant choice.

Signature of Line Manager _____ **Date:** _____

Note: Please ensure that all sections of this form are completed and returned for signature by your Line Manager.