

## Application Form for Community Education Classes

Section 1				
Name of Organisation/Group				
Organisation's Address				
Contact Person			Role/Position	
Telephone			Email	
The purpose of the Community Education scheme is to promote and/or develop community education initiatives in local community settings. It is about creating opportunities for people to identify their learning needs and learn in their own community. What does your group hope to achieve/change in your community?				
Build community participation	<input type="checkbox"/>	Develop active citizenship	<input type="checkbox"/>	
Address social isolation	<input type="checkbox"/>	Address educational needs	<input type="checkbox"/>	
Engage vulnerable adults	<input type="checkbox"/>	Other (Please state)		
<b>Total Number of Participants:</b>	Male		Female	
<b>Number of Participants by Age Profile</b>				
<i>Age 16–20</i>	<i>Age 21-34</i>	<i>Age 35-54</i>	<i>Age 55-64</i>	<i>Age 65 and over</i>
<b>Has this group ever received funding from Community Education in the past? Please give details</b>				
Never	<input type="checkbox"/>			
Once	<input type="checkbox"/>	When?	Details:	
More than once	<input type="checkbox"/>	When?	Details:	
Section 2				
<i>Community Education has identified a number of target groups. Please tick which target group(s) you are working with</i>				
Early School Leavers	<input type="checkbox"/>	Disadvantaged (living in rural isolation or disadvantaged areas)	<input type="checkbox"/>	
Long Term Unemployed	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	
One Parent Families	<input type="checkbox"/>	Ex-Offenders	<input type="checkbox"/>	
Travelling Communities	<input type="checkbox"/>	Substance misusers	<input type="checkbox"/>	
Migrants/Refugees/Asylum Seekers	<input type="checkbox"/>	Dependents of those who are unemployed	<input type="checkbox"/>	
Older People	<input type="checkbox"/>	Low skilled people outside labour force	<input type="checkbox"/>	
People with a Disability	<input type="checkbox"/>	Other (please specify)		

**Proposed Course(s)**  
Please list course(s) and duration

Course Name	Number of Weeks	Number of Hours per Week
1.		
2.		

**Timetable**  
Please fill in the following table indicating preferred timetable for course requested (if relevant)

Preferred Day	Time	Start Date	Venue

**Section 3**

**TERMS & CONDITIONS OF COMMUNITY EDUCATION FUNDING**

- 1 Participants for all Community Education programmes must complete a student registration form – PPS numbers and date of birth are essential. The form will be collected by the tutor and returned to the Community Education Facilitator.
- 2 LOETB reserve the right to request further information before processing applications.
- 3 LOETB may refer groups and/or individuals requiring additional support where appropriate to other sections within Laois and Offaly ETB.
- 4 Course organisers must acknowledge Laois and Offaly ETB in the advertisement of any programmes or courses supported by Community Education.

**Declaration by Applicant**

I declare that

- a) The information given by me for the purpose of obtaining Community Education Service support is correct.
- b) I agree to adhere to the terms and conditions of Laois and Offaly ETB, Community Education Service.

Signed: ..... Date: .....

**Please return completed application form to**  
Community Education Facilitator  
Portlaoise Further Education & Training Centre,  
Tower Hill, Portlaoise, Co. Laois

**For Office Use Only**

Date Received	Location	Number of Hours Sanctioned/Grant Awarded