



Festina Lente Training Programmes Application Form

Please let us know if you require assistance completing this form

Personal Details

Name		
Address		
Phone	(Home)	(Mobile)
Date of Birth		
Age at Application		
PPS Number		
Next of Kin	Name: Address: Phone Number: Email Address:	
Person Making Referral	Name: Address: Phone Number:	
Contact in case of an emergency (if different from Next of Kin)	Name: Address: Phone Number:	
Please outline your living circumstances	<i>Living alone, with foster parents, at home with family etc.</i>	

Previous Education

(List with dates any schools/other training attended e.g. Exams, QQI Certificates held to date etc.)

Dates	School/Training Centre	Awards Received – Please include Junior and Leaving certs results if you have any.

Work Experience/Placements

Dates	Employer/Work Placement	Roles & Responsibilities

Health/Other Issues

Name & Contact Details of GP:
Please list current or past medical conditions:
Are you taking medication? Please list all medications:
Have you any allergies? Please give details:
Please note that all applicants must have received a tetanus injection. Please ask your GP to complete the form overleaf.

Other Relevant Details

How did you hear about our Equestrian Training Programme?
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Why would you like to do this course?

Do you have experience of working with horses?

Are you in receipt of any social welfare allowance? Please give details including claim number:

Have you any history of criminal convictions? If yes please give details.

Please include the following documents with application (where possible):

- ◆ Letter from person making referral (where applicable)
- ◆ Recent School Report/Reference
- ◆ Recent Psychological Report/Assessment
- ◆ Any other relevant medical reports
- ◆ Copies of FETAC\=/QI or exam certificates

Please indicate which programme you would be interested in accessing (tick more than one if applicable):

- Transition Training Programme
- Equestrian Training Programme

DECLARATION:

I declare to the best of my knowledge that the details given on this form are true and complete. (Please note that omitting relevant information may affect your application.)

_____ Applicant's Signature

_____ Parent/Guardian Signature (if appropriate)

_____ Date

Please send completed application form to:

Jacqueline Joynt, Festina Lente, Old Connaught Avenue, Bray, Co. Wicklow, A98F702

N.B: All information contained in your application will be treated as strictly confidential

