



**FÁS and Library Council of Ireland Project
REGISTRATION FORM**

Section 1 **Personal Details** **PPS Number (RSI)** _____

Surname _____ First Name _____

Contact Address _____

Email Address (if any) _____ [please print]

Contact Phone Number _____ Date of Birth _____

Male _____ Female _____

Section 2 **Education Level**

Primary Secondary Third Level

PC Skills None Basic Advanced

Are you currently participating on a FAS Programme? Yes No

How did you hear about the service? _____

Are you a registered member of this library? _____

How often do you usually visit this library?

This is my first visit Once a week Once a fortnight

Once every three weeks Once every four weeks Very occasionally

Do you use the computer facilities in the library? _____

Section 3 **DATA PROTECTION ACT & DECLARATION**

I declare to the best of my knowledge that the details given on this form are true and complete. I understand that the information given on this form will be entered on the FÁS computer system and that FÁS or its representatives may contact me in respect of research in relation to FÁS services and that the information will also be made available for use to the Library Staff.

I consent to the above.

Signature: _____ Date: _____

PLEASE TURN OVER TO SELECT YOUR COURSES

Health & Safety Courses

- Office Safety
- First Aid - CPR
- First Aid - Basic
- Back Safety
- Fire Prevention and Safety
- Success for Stress

Computer Courses

- ECDL (Version 5)
- Microsoft Excel 2003 2007
- Microsoft Word 2003 2007
- Microsoft Powerpoint 2003 2007

Other Courses

- Project Management
- Book-Keeping
- Effective Administrative Support Professional
- Practical Budgeting Skills for Business
- Business Maths
- Accounting

For further details of the programme, please contact:

Therese O'Connor
Tel. 01 8398150

or

Adele Barrett
071 91 59509