

**A Sense of Ireland  
30 September – 6 October 2018**

**APPLICATION/ELIGIBILITY FORM**

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| **Applicant information** | | **Please print clearly in block letters.** | | |
| Family name: |  | | | |
| First name(s): (as per passport) |  | | | |
| Date of Birth: |  | | | |
| Gender: | Please tick accordingly: Male  Female  | | | |
| Organisation: |  | | | |
| Full mailing address: |  | | | |
| Postal code: |  | | | |
| Telephone: |  | | Mobile: |  |
| E-mail: |  | | | |

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| --- | --- |
| Nationality: |  |
| Passport No. |  |
| Passport Valid  until: |  |

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| --- | --- |
| Are you a permanent resident in the UK? | * Yes /  No |
| Are you registered disabled? | * Yes /  No |
| Do you have any special dietary requirements? | * Yes /  No   If yes, please give details: |

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| Travel Insurance\*:  Please tick if you have a valid travel insurance policy that will cover the period of the exchange visit. This insurance must include cover for: civil liability including any damage caused by you; health/accident/disability; assistance/repatriation and should cover any costs incurred by you withdrawing from the project.  \* Please note: a copy of the policy document will be required prior to travel.  We strongly recommend that you apply for a European Health Insurance Card (EHIC) if you do not have one. |  |



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| **Eligible Occupations**:  Please tick against your appropriate occupation. |  |
| Tourism/Hospitality Business Proprietor/Manager (with **direct responsibilities** for training staff or developing training programmes) |  |
| Training and development planner |  |
| Tourism/Hospitality training provider |  |
| Human resources manager with training responsibilities |  |
| Teachers/Trainers/Vocational trainer or assessor |  |
| **Please tell us your job designation and give a short description of your job activities in relation to delivering or developing training for your staff or clients.** | |

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| **Participants should be in a position to disseminate/share/promote the knowledge, ideas and skills gained on the study-visit to improve training & staff development available in the UK.** |
| i) **How will you publicise/promote your/your organisation’s participation before and after the study-visit?** |
| ii) **How will you disseminate/pass on your personal/professional learnings to others post visit?** |



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| iii) **Your personal/professional development expectations: What do you hope to gain from participating in the study-visit? How do you think that you will benefit?** |
| iv) **How do you think that your business/education establishment will benefit from your participation in this visit?** |

**I understand that once approved and accepted in writing, I may be liable for any costs incurred by cancelling my attendance.**

I confirm that the information that I have given above is accurate.

Signature: ………………………………………………………………………………. Date: ……………………………………………………………………………….

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Please return your application by email to: [karen@karendonnellyassociates.com](mailto:karen@karendonnellyassociates.com%20) no later than **Friday 22 June 2018.**

If selected, you will be asked to send an original signed copy of this form to:

Karen Donnelly, 50 Dryburn Avenue, Glasgow G52 2SA. Tel: 07958 328981