

21a William Street, DUNGANNON, BT70 1DX

APPLICATION FORM 2025-2026

PLEASE COMPLETE IN BLOCK CAPITALS

Name:			
Address:			
Postcode:			
Mobile Number:		Landline:	
Email Address:			
National Insurance Number:			
Date of Birth:			
Country of Birth:		What is your first language?	
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please note any special requirements.			

Courses to be enrolled for: PLEASE SELECT FROM THE FOLLOWING -

Employability				Wellbeing			
Business Admin	<input type="checkbox"/>	Introduction to Canva	<input type="checkbox"/>	Allotment	<input type="checkbox"/>	Managing Stress	<input type="checkbox"/>
Digital Literacy	<input type="checkbox"/>	Leadership	<input type="checkbox"/>	African Drumming	<input type="checkbox"/>	Meditation & Journalling	<input type="checkbox"/>
Employability Skills / Job Search	<input type="checkbox"/>	Level 2 Award in Counselling Skills	<input type="checkbox"/>	Body. Mind. Emotions.	<input type="checkbox"/>	Mindfulness	<input type="checkbox"/>
Feel the Fear & Do It Anyway	<input type="checkbox"/>	Step into Your Power	<input type="checkbox"/>	Chi Flow – Meridian Stretching course	<input type="checkbox"/>	Mindful Photography Walk	<input type="checkbox"/>
First Aid (Standard, Paediatric, Mental Health)	<input type="checkbox"/>	Train the Trainer / Level 3 Education & Training	<input type="checkbox"/>	Confidence / Assertiveness	<input type="checkbox"/>	Pilates	<input type="checkbox"/>
Food Safety (Level 2)	<input type="checkbox"/>	Working with Children with Additional Needs	<input type="checkbox"/>	Coping with Anxiety / Depression	<input type="checkbox"/>	Spring Clean Your Life	<input type="checkbox"/>
				Creative Writing	<input type="checkbox"/>	Stretch & Tone	<input type="checkbox"/>
English		Cultural Identity		Dancing Your Way to Health & Happiness	<input type="checkbox"/>	Tai Chi for Relaxation	<input type="checkbox"/>
English for Beginners	<input type="checkbox"/>	Cultures Unveiled	<input type="checkbox"/>	Holiday Spanish	<input type="checkbox"/>	Unlock Your DIY Potential	<input type="checkbox"/>
ESOL (English for Speakers of Other Languages)	<input type="checkbox"/>	Exploring Civic and Cultural Society	<input type="checkbox"/>	Introduction to Holistic Therapies	<input type="checkbox"/>	Wellbeing in Nature	<input type="checkbox"/>
Improve Your English	<input type="checkbox"/>			Living Life to the Full	<input type="checkbox"/>	Women, Barriers & Breakthroughs	<input type="checkbox"/>

PLEASE NOTE THAT FILLING IN THIS FORM DOES NOT GUARANTEE A PLACE ON YOUR CHOSEN COURSE(S)

PLEASE COMPLETE BOTH SIDES

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Do you require childcare and/or transport to attend courses?

***Free services subject to availability**

Childcare required (*under 5 ONLY*) ☐

Child 1 (for Childcare) – Name _____

Date of Birth _____

Child 2 (for Childcare) – Name _____

Date of Birth _____

Note: If childcare is required, the applicant must complete a childcare enrolment form.

Transport required ☐

Employment Details – Please complete all sections.

IF NOT FULLY COMPLETED YOUR FORM WILL NOT BE PROCESSED

Are you:	Yes	No
Able to take up employment in the UK?	<input type="checkbox"/>	<input type="checkbox"/>
Currently working?	<input type="checkbox"/>	<input type="checkbox"/>

In receipt of Job Seeker's Allowance?	<input type="checkbox"/>	<input type="checkbox"/>
If no, would you like support in finding employment?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration: I declare the details given on this form are true to the best of my knowledge. I consent to FSWC securely storing the information I have provided and contacting me in the future regarding courses and other services.

Signed:

Date:

PLEASE COMPLETE BOTH SIDES