**APPLICATION FORM**

##### People Handling Instructors Course- QQI Level 6 Course

**Venue; the Education Centre, Peamount Healthcare, Newcastle, Co. Dublin**

*Please print in block capitals*

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| **Name:** *(must correspond to name for pps number)* | **Date:** |
| **DOB:** *(for QQI certification)* | **PPS No:** *(for QQI certification)* |
| **Organisation:** | **Contact phone no:** |
| **Job Title:** | **Contact email:** |
| **Correspondence Address: (***address you would like your certificate to be sent to)* |
| **Question** | **Answer ‘Yes’ or ‘No’** |
| Have you practical experience of moving and handling people during your normal work? |  |
| Are you comfortable with the idea of providing training in a work context? |  |
| Have you any significant problem with your back, hips, knees, or other difficulty, which would restrict your participation in the practical sections of the course, or with delivery of effective training? |  |
| Are you aware of the time and study commitment required to review course material, practise handling skills and complete assignments in between the course modules?  |  |
| Are you aware of the elements of the course assessment process? |  |
| Have you any special dietary needs, or other special needs that we should be aware of? |  |
| Person to be invoiced. (*Please note payment secures the course place).*Please give contact details of the person the invoice should be forwarded to below. |  |
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**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for completing this application form. Please return this form to info@oops.ie or to the OPS office. Course Fee is payable in advance to the OPS office.**

**OPS, 96 Lower Kilmacud Rd. Stillorgan Co Dublin**