**APPLICATION FORM**

##### People Handling Instructors Update Course - 2015

*Please print in block capitals*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **Date:** | |
| **Organisation:** | **Contact phone no:** | | |
| **Job Title:** | **Contact email:** | | |
| **Correspondence Address:** | | | |
| **Question** | | | **Answer ‘Yes’ or ‘No’** |
| Have you achieved FETAC Level 6 certification in People Handling Instruction? | | |  |
| Have you practical experience of moving and handling people during your normal work? | | |  |
| 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? | | |  |
| Have you any special dietary needs, or other special needs that we should be aware of? | | |  |
| What are the topics you would most like to be covered on this course? | | |  |
| Who should be invoiced for the course fee and please provide an email address? | | |  |
|  | | | |

**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**