**INDIVIDUAL PARTICIPANT PROFILE SHEET**

The purpose of this form is to gather profile information about participants on programmes funded by Skillnets from the National Training Fund through the Department of Education & Skills (DES). Only aggregated participant data will be reported to the DES. Irish Medtech Association Skillnet will comply with all applicable data protection legislation in respect of the information and personal data provided by you in this form. You have the right of access to the data by means of a written request and you can request Irish Medtech Association Skillnetto correct any inaccuracies in the data.

Skillnets periodically conducts surveys to evaluate the quality and impact of the programmes delivered by its training networks. As a result, you may be contacted in future and asked to participate in such a survey.

**Please complete all the questions on registration form for this Irish Medtech Association Skillnettraining event. Employed participants Section A & B. Unemployed participants and Interns Section A and Section C. Please turn over to page 2.**

**SECTION A: TO BE COMPLETED BY ALL PARTICIPANTS:**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender: Male  Female  E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please select your age range below:**  H**ome Address County**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Under 20 | 20-24 | 25-29 | 30-34 | 35-39 | 40-49 | 50-59 | Over 60 |
|  |  |  |  |  |  |  |  |

**What is your current level of employment? (please select one box only):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full time | Intern | Part time | Seasonally employed | Temporarily employed | Short-time | Unemployed |
|  |  |  |  |  |  |  |

**Please select your highest attainment level on the National Framework of Qualifications (NFQ)?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NFQ 1 |  | Certificate | NFQ 6 |  | Advanced/Higher Certificate |
| NFQ 2 |  | Certificate | NFQ 7 |  | Ordinary Bachelor Degree |
| NFQ 3 |  | Junior Certificate | NFQ 8 |  | Honours Bachelor Degree/Higher Diploma |
| NFQ 4 |  | Leaving Certificate | NFQ 9 |  | Masters Degree/Post Graduate Diploma |
| NFQ 5 |  | Leaving Certificate Honours | NFQ 10 |  | Doctoral Degree |

Other (*please specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please turn over for page 2 of registration...**

**SECTION B: TO BE COMPLETED BY EMPLOYED PARTICIPANTS Only.** If you are an intern please complete Section C under Unemployed job seeker section.

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title/Position in Company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work address of Employee:**

**Employees Supervisor/Manager Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address of Supervisor/Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number of Supervisor/Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your occupation category?**

Owner Manager  Managerial / Supervisor  Professional  Semi Skilled 

Technician / Technical  Skilled Manual  Non-Manual 

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION C: FOR UNEMPLOYED job seekers – If you are employed, but you are an intern; please complete section C.**

**Company employed as Intern, if relevant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Month & year joined Live Register: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please select the category which best describes your previous employment status:**

PAYE (Employee)  Self-employed  Graduate  School leaver 

**Please identify your social welfare payment:** Job-seekers allowance  Job-seekers benefit 

Other payment  if other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No payment 

**Previous sector of employment:** Agriculture  Construction  Manufacturing  Retail  Services  Technology  Transportation  Wholesale  Food & Drink  Business  Tourism  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently participating in any other Training or Labour Market Activation schemes?** e.g. Springboard, Momentum, JobBridge etc **Yes  No **

**If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you do not want to receive any further information regarding training programmes managed or administered by** **Irish Medtech Association Skillnet, please tick this box**