



# EQUAL SKILLS AT THE LIBRARY

## APPLICATION FORM

### PERSONAL DETAILS

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NO:** \_\_\_\_\_

**MOBILE NO:** \_\_\_\_\_

**PPS NO:** \_\_\_\_\_

<b>Tick Location:</b>	<b>Ennis</b>	<input type="checkbox"/>	<b>Shannon</b>	<input type="checkbox"/>
	<b>Scariff</b>	<input type="checkbox"/>	<b>Ennistymon</b>	<input type="checkbox"/>
	<b>Kilrush</b>	<input type="checkbox"/>	<b>Kilkee</b>	<input type="checkbox"/>

**Are you in receipt of a Social Welfare payment?**      **Yes**       **No**

**If yes, please indicate the type of payment received?**  
\_\_\_\_\_

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

