**Expression of Interest in**

**Staying Connected Technology Support in your home Date:**

|  |  |  |
| --- | --- | --- |
| **Course Details:**  **The course you are interested in?**  If you don’t know these, ask your course provider | Details taken by:  Passed on to: [MCunningham@lmetb.ie](mailto:MCunningham@lmetb.ie) Meath  akirk@lmetb.ie  Louth | |
| **Group Name**  **Course Title: Staying Connected Technology support in your home program Spring 2021** | **PLSS reference:** | |
| **Section 1: Your personal details** | | |
| **Name:** | | **PPSN:** |
| **Address:**  **Eircode/Postcode:** | | |
| **Term address and Eircode (if different from address above):** | | |
| **Phone number mobile:** | | **Email:** |
| **Phone number landline:** | |
| **Gender** (tick one box)**: Male** ☐ **Female** ☐ | | **Date of birth:** |
| **Nationality:** | | **Country of birth:** |
| **Are you under 18** (tick one box)**: Yes** ☐ **No** ☐ **⬜** | | |
| **Do you agree to having your phone number passed on to our tutor to contact you re support Yes No**  **In order to avail of this IT support you must agree to completing a learner detail form and return it to LMETB by post in a stamped address envelop provided, do you agree Yes No** | | |

**Contact: Marina Cunningham, Community Education Facilitator on 086-0676657 for more information**