**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 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**