



**Foundation Programme in Sexual Health Promotion**  
**Westmeath Application Form**



*Please complete application form in BLOCK CAPITALS with BLACK pen. Be as detailed as possible regarding your need for this training in relation to your work. Use additional pages as required*

Name: .....

Job Title: .....

Name of Organisation / Community Group.....

Please list your current main client group i.e. youth, disability, children etc.?. .....

Non-HSE Staff  HSE Staff  (please tick as appropriate)

If HSE Staff please indicate discipline .....

Work Address: .....

Contact Tel No: ..... Mobile No.(essential) .....

E-mail address: .....

Alternative address for correspondence .....

**Training Location:** Athlone Town Venue TBC **Closing date for application:** 27<sup>th</sup> May 2019  
**Dates (10 days in 2-day modules) Autumn 2019/Spring 2020 - All Tuesday's and Wednesday's**  
October 22<sup>nd</sup> & 23<sup>rd</sup> November 19<sup>th</sup> & 20<sup>th</sup> December 10<sup>th</sup> & 11<sup>th</sup> 2019  
January 14<sup>th</sup> & 15<sup>th</sup> 2020 February 4<sup>th</sup> & 5<sup>th</sup> 2020

Are you a line Manager? Yes  No  If No, please ensure your line Manager completes the section below

Line Manager (Please print Name) .....

Job title .....E-mail address: .....

Work address: (if different from applicant's).....

Contact No landline ..... Mobile No: .....

Signature of Line Manager / Supervisor .....

Please list the target group(s) with whom you intend to use the skills/information from this training  
Young parents  older people  ethnic group  men  women  children   
Other (please specify) .....

**Please outline in less than 200 words what prompted you to apply for this course and how you feel you may utilise the learning in your work setting. Please note your application will not be processed unless this is completed** Please use and attach extra page provided with application form

Please give details any previous sexual health promotion experience (if any)? Please attach extra sheet if required

Do you have any special access requirements? Yes  No

Please explain .....

Applicants signature .....Date .....