

PLEASE WRITE IN **BLOCK CAPITALS**.

Participant Information ID No:

(For internal use only)

Participant's Details:

First Name:

Surname (Family Name):

Address:

Date of birth (DD/MM/YYYY):

Phone/Mobile:

Email (Please write in **BLOCK** capitals):

Gender:

Female

Male

Other (please specify)

How did you hear of Mi-WOW?

Family/Friends NCP website

Church/Mosque Poster/leaflet

Internet Community group

Other (please specify)

Civil status

Single

Married

Separated/Divorced

Widowed

Prefer not to say

Nationality

EEA (please specify):

Non- EEA (please specify):

Employment Status (You may choose more than one)

Employed

Full-time Part-time

Self-employed

Unemployed

Student

Full-time Part-time

Inactive due to

Studies

Engaged in family duties

Illness/ Disability

Retired

If Unemployed:

Unemployed less than 6 months

Unemployed 6-12 months

Unemployed 13-24 months

Unemployed more than 24 months

Level of Education at Registration

No formal education (ISCED 0)

Primary education (ISCED 1)

Lower Secondary education (ISCED 2)

Upper Secondary education (ISCED 3)

Technical or Vocational (ISCED 4)

Certificate completed (ISCED 5)

Ordinary Bachelor Degree (ISCED 6)

Honours Bachelor Degree (ISCED 6)

Postgraduate Degree (ISCED 7)

Doctorate (ISCED 8)

Social Welfare

Do you receive social welfare benefits? Yes No

If yes, please specify the name of the benefit you receive:

Is it a requirement of your social welfare benefit that you actively look for a job? Yes No

Background

Person with a disability? Yes No

If yes, please specify your disability:

Homeless or affected by housing exclusion? Yes No

From excluded rural area? Yes No

Childcare available? Yes No

Other barriers we should be aware of? Yes No

If yes, please specify what barriers:

Native language (please specify):

Your English Level

- Elementary
- Basic
- Intermediate
- Proficient
- Native

Your IT Skills Level

- Elementary
- Basic
- Intermediate
- Proficient

Immigration Status

Refugee or Subsidiary Protection Holder
Leave to Remain on Humanitarian Grounds
Asylum Seeker with Labour Market Access Permit
Family Reunification (Stamp 4)

EU Treaty Rights
Irish Citizen
Irish Spouse/ Partner/ Family
Stamp 0
Stamp 1
Stamp 1A
Stamp 1G Graduate
Stamp 1G Dependant

Stamp 2
Stamp 2A
Stamp 3
Stamp 4 – Other
Stamp 4S
Stamp 5
Work Permit Holder
EU/EEA Citizen

I _____ confirm that all the information provided above to determine my eligibility for the Mi-WOW programme is true and accurate to the best of my knowledge.

SIGNATURE: _____

DATE: ___/___/___

DISCLAIMER: *Mi-WOW does not accept responsibility for direct, indirect, incidental or consequential loss suffered as a result of availing of our services.

Witnessed by: _____ (For Mi-WOW's internal use only)

Job title: _____ (For Mi-WOW's internal use only)