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Rialtas na hÉireann
Government of Ireland

Migrant Access Programme (MAP) REGISTRATION FORM

Participant Information ID No: _____

Please write in **BLOCK** capitals

Participant's Details:

First Name: _____

Surname: _____

Address: _____

Date of birth: _____

Phone/Mobile: _____

Email (Please write in BLOCK capitals):

Gender:

- Female
 Male

How did you hear of MAP program?

- Family/friends NCP website Other _____
 Church/Mosque Poster/leaflet
 Internet NCP website

Marital status

- Married
 Single
 Separated/Divorced

Nationality

- EEA (specify): _____
 Non- EEA (specify): _____

Employment Status

- Employed
 Self-employed
 Unemployed
 Inactive
- Student () Full time () Part-time
 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 Diploma (ISCED 7)
 Doctorate (ISCED 8)

Course Studied



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Background

- Person with a Disability () Yes () No
- Homeless or affected by Housing Exclusion () Yes () No
- From disadvantage rural area () Yes () No
- Migrant participant () Yes () No
- Other disadvantage: _____
- Length of time living in Ireland: -----Years

English Level

- Elementary
- Basic
- Intermediate
- Proficient

IT Skills

- Elementary
- Basic
- Intermediate
- Proficient

Immigration Status

- | | | |
|--|--|---|
| <input type="checkbox"/> Refugee | <input type="checkbox"/> EU Treaty Rights | <input type="checkbox"/> Stamp 4 – Other |
| <input type="checkbox"/> Leave to Remain on humanitarian grounds | <input type="checkbox"/> Irish Citizen | <input type="checkbox"/> Student - stamp 2 |
| <input type="checkbox"/> Work Permit Holder (6months) | <input type="checkbox"/> Irish Spouse/Partner/Family | <input type="checkbox"/> Stamp 5 |
| | <input type="checkbox"/> Stamp 1 | <input type="checkbox"/> Work Permit Holder |
| | <input type="checkbox"/> Stamp 3 | <input type="checkbox"/> Work Visa Holder |

Notes: (Internal Use Only)

Date of commencement: ___/___/___
Date of completion: ___/___/___

*Disclaimer *The Migrant Access Programme (MAP) does not accept responsibility for direct, indirect incidental or consequential loss suffered as a result of availing of our service.*

I _____ confirm that the information provided above to determine my eligibility for the Migrant Access Programme is true and accurate to the best of my knowledge.

Signed: _____

Date: _____

Witnessed by: _____

This project is funded through ESF PEIL Programmes, co-funded by the Irish Government and the European Social Fund as part of the ESF Programme for Employability, Inclusion and Learning 2014-2020.



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NCP – Migrant Access Programme (MAP) Data Protection – Consent Form

NCP receives funding from the European Social Fund which requires us to collect information on the people we work with. This information will be used only for the following purposes:

- Seeing how we assisted you.
 - Tracking records of your participation in our programme.
 - Gathering facts and figures to help us plan and improve our services.
 - Analysing information for our funders.
- You have the right to a copy of your personal information at any time. You can get this by contacting us.
- You have the right to contact us at any time in relation to rectification, blocking and erasing of your data.
- We will not record your information unless you provide your consent for us to do so.
- New Communities Partnership is the Data Controller of this project and you can contact us at map@newcommunities.ie or 018727842 for any requests/enquiries in relation with your data.

| | |
|--|---|
| Permission to store your data | |
| <input type="checkbox"/> Yes - I give my consent to NCP to collect information about me | <input type="checkbox"/> No, I don't |

| | |
|---|--|
| Permission to share your data | |
| Everything you tell us will be treated confidentially, however we may share your details with our funders in order to report our records of the Migrant Access Programme. We would only give them information with your permission. | |
| <input type="checkbox"/> Yes - I give my consent to NCP to share my personal information with the European Social Fund | <input type="checkbox"/> No, I do not give my consent |

| | | |
|--|-----|----|
| Sensitive Data | | |
| This information is being utilised <u>only for research and programme evaluation</u> & to improve MAP programme. You do not have to answer any or all of the questions in relation to these specific areas. | | |
| Yes, I am happy to indicate if I have a disability | YES | NO |
| Yes, I am happy to provide details of my immigration status | YES | NO |
| Yes, I am happy to provide details of my nationality | YES | NO |

| | | |
|--|-----|----|
| Future Contact for Programme Surveys/Evaluation | | |
| I am happy to be contacted in the event of a future survey/evaluation of MAP by the European Social Fund and/or agents of the Department | YES | NO |

By signing below, I give consent to the statements I have indicated YES

| | | |
|-------------------|--|--------------|
| Name: | | |
| Signature: | | Date: |

Witnessed by: _____ *(Project Coordinat*