

### FOLM REGISTRATION FORM

Date of registration:

Staple/name of the institution:

Name of registrar:

E-mail address:

Phone no.:

#### CANDIDATE'S DETAILS:

First name: \_\_\_\_\_ Address: \_\_\_\_\_

Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Mobile no.: \_\_\_\_\_

Gender (identity): \_\_\_\_\_ Other phone no: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Nationality: \_\_\_\_\_

#### FOLM REQUIREMENTS:

Current status/occupation (attending school/training, working,...):

Part-time work or volunteering? [ ] No [ ] Yes  
Where? \_\_\_\_\_

Registered unemployed? [ ] No [ ] Yes  
Since when? \_\_\_\_\_

Highest level of completed education: \_\_\_\_\_ Year of completion: \_\_\_\_\_

Subject/Degree: \_\_\_\_\_

last non-formal education (i.e. courses, etc): [ ] months ago [ ] never  
What subject/course/...? \_\_\_\_\_

#### COVID-19 Declaration

In order to participate in the FOLM programme, you are required to answer each of the questions in the form below to the best of your knowledge. With these questions, LIT hopes to minimise the chance of spreading or contracting the COVID-19 infection among its participants and staff during the FOLM programme. If the answer to any of the questions 1-6 below is 'yes', then you are strongly advised to follow the latest medical advice you received or to get medical advice. If this is the case, we will get in touch with you about your eligibility for the programme (Continued below).

1. Do you have symptoms of cough, fever, high temperature, sore throat, runny nose, breathlessness or flu like symptoms now or in the past 14 days?

Yes [ ] No [ ]

2. Have you been diagnosed with confirmed or suspected Covid-19 infection in the last 14 days?

Yes [ ] No [ ]

3. Are you a close contact of a person who is a confirmed or suspected case of Covid-19 in the past 14 days (i.e. less than 2 metres for more than 15 minutes accumulative in 1 day)?

Yes [ ] No [ ]

4. Have you been advised by a doctor to self-isolate at this time?

Yes [ ] No [ ]

5. Have you been advised by a doctor to cocoon at this time?

Yes [ ] No [ ]

6. Have you an underlying condition that puts you in any of the at-risk categories in relation to COVID-19 as outlined by the HSE? (for advice, please see:

<https://www2.hse.ie/conditions/coronavirus/people-at-higher-risk.html>)

Yes [ ] No [ ]

If yes, please state which category you are in? High Risk [ ] Very High Risk [ ]

**FOLM Information**

**How did you find out about FOLM (please tick)**

Previous Participant	Website	Social Media	Newspaper	Radio	Agency	Referral	Other
[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

**DECLARATIONS OF THE CANDIDATE:**

I hereby declare that the above information is true to the best of my knowledge, and I have not omitted any information.

Please sign here:

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