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**Midlands ISL Learners Beginners ISL Course Application**

**Name of Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PPN Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please only supply details of a nominated person if you have permission to do so. Please tick the box below to confirm that you have their permission to supply their contact details.

**Nominated Person Permission**: 

**Nominated Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role within your Group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q1: Brief history of what your organisation/group does, how many people are involved.

Q2: How would this course benefit your group/organisation?

Please return completed application form for the attention of:

Laois Public Participation Network. Lyster Square, Portlaoise, Co. Laois,

or email: ppn@laoiscoco.ie

In making this application I agree to the following:

* This form will be treated as incomplete without the form being completed in fill.
* Only groups/organisations registered with Laois PPN will be considered.
* Only one application per group/organisation.
* Laois PPN will review all application and reserve the right to allocate course space to suitable applicants.
* Applicants will be notified of decision via e-mail.
* Closing Date for Receipt of Application: WEDNESDAY 17th APRIL 2019 @ 4:00pm.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_