

The following must be submitted prior to course commencement. Mandatory Highlighted Sections in Yellow must be completed. Failure to submit may result in a delay in your commencement.

<input type="checkbox"/>	This Form - Commencement Form
<input type="checkbox"/>	One Form of Identification (I.D.)

**COURSE DETAILS**

Course Title:	<b>ILM Online Learning with LWETB</b>	Course Code:	
Module:		PLSS Ref:	<b>338331</b>
Start Date:		Finish Date:	

**PERSONAL DETAILS**

Name:		PPS No.:	
Address:		Date of Birth:	
		Email:	
Eircode:		Next of Kin:	
Mobile No:		Mobile No:	

**DECLARATION WHICH MUST BE SIGNED AND DATED**

I certify that the particulars in this form are to the best of my knowledge, true and accurate and I undertake to comply with the LWETB requirements.

<b>Trainee Signature:</b>		<b>Date:</b>	
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If you have Dyslexia or any other form of learning difficulty, please inform LWETB as soon as possible so that appropriate supports can be put in place for you.

**Your Privacy:** All of the information on this form will be stored safely and only used to pay you, to keep a record of your attendance and training progress, and for course administration. Any sharing of your information will be strictly related to your training, and because we're legally obliged to do so. For example, we may have to communicate with the Department of Social Protection about your entitlements. We send statistics, but no personal information about you, to our funders at the European Social Fund. And we share details with Quality and Qualifications Ireland, so that they can certify your qualifications at the end of your training. Your details are stored in a national database called PLSS, and you can read more about this at [www.athlonetrainingcentre.ie](http://www.athlonetrainingcentre.ie). If you have any other questions about your information and how we handle it, see the LWETB Data Protection Policy at [www.lwetb.ie](http://www.lwetb.ie) or at [dp@lwetb.ie](mailto:dp@lwetb.ie) 044 9394015. Note that as part of your chosen course you may have to be photographed or videoed for examination purposes.

**Acknowledgement:**

I understand that my data will be processed for the purposes and in the manner set out in this statement.

**Trainee Signature:**

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

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

**FOR LWETB USE ONLY**

<b>LWETB Signature:</b>		<b>Date:</b>	
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