



Steer Clear Trainers Course Application Form

Name: _____ Phone: _____
Address _____ Mobile: _____
_____ Email: _____

Where are you currently employed? _____

Are you currently employed as a teacher? _____

If no, what is your current role? _____

What is the expected number of TY students per year? _____

What subject/s do you teach? _____

Indicate relevant teaching qualifications? _____

Number of years teaching experience _____

Are you registered with any training organisation e.g. Fás, FETAC, other ? (please state)

Do you hold a current full drivers licence? _____ Lic. No. _____

Have you ever been disqualified from driving? _____

Have you completed any child protection training? _____

Do you hold a current Garda Clearance Certificate? _____

Please book a place for me on the Steer Clear Educators Development Course commencing on;

I enclose a non refundable booking deposit of €500.00 Cheque/money order or Bank Draft (Cheques made payable to the Irish Drivers Education Association Ltd) or call 01 2022428 to pay by Credit Card or Laser.

Declaration:

I confirm that nothing within my personal or professionally life deems me unsuitable for a post that involves working with young people and children.

Signature Date