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**QQI HEALTH CARE SUPPORT COURSE funded by MRCI**

**Application Form**

Please complete the application form below and submit to [linda@mrci.ie](mailto:linda@mrci.ie) by Sunday 15th March.

Personal details

**Name:**

**Surname:**

**E-mail:**

**Contact number:**

**Address:**

**Postcode:**

**City:**

**Country of birth:**

**Nationality:**

**What is your current immigration status?**

**What is your current occupation?**

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| --- | --- |
| **1. Why are you interested in doing this course?  (100 words max)** |  |
| **2. Do you have any experience working as a carer?  (100 words max)** |  |
| **3. What issues do you think migrant carers face in the workplace?  (100 words max)** |  |
| **4. In a few words tell us what it means to be a good carer?  (100 words max)** |  |
| **5. What do you expect to gain from this course? (100 words max)** |  |
| **6. Do you have any special requirements?** |  |

   **This project Is suported by MRCI, the Department of Justice and Equality and the European social Fund.**