

**QQI LEVEL 5 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) course is starting February.

Personal details

**Name:**

**Surname:**

**E-mail:**

**Contact number:**

**Address:**

**Eircode:**

**City:**

**Country of birth:**

**Nationality:**

**What is your current immigration status?**

**What is your current occupation?**

|  |  |
| --- | --- |
| **1. Why are you interested in doing this course?  (100 words max)** |  |
| **2. Do you have any experience working as a health care worker?  (100 words max)** |  |
| **3. What issues do you think migrant health care workers face in the workplace?  (100 words max)** |  |
| **4. In a few words tell us what it means to be a good Health care assistant?  (100 words max)** |  |
| **5. What do you expect to gain from this course? (100 words max)** |  |
| **6. Do you have a laptop/PC this course will be online?** |  |
| **7. Will you be able to commit to learning and giving 100% attendance?** |  |
| **8. Do you have any special requirements?** |  |

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