**Transition** **Year Programme**

**Application Form**

Our mission is to enhance the quality of life of older people by alleviating loneliness and fostering meaningful social connections through friendship. Our Transition Year programme wants to assist the social and personal development of students through friendships and interaction with elderly people. To help prepare the students for adulthood, working life and support them to develop an understanding of the community sector its processes and structures. We aim to provide students with an experience of our services to prepare them for a career in any community/care service that may be relevant to their choice of career in the future or to simply give them work experience in an office environment. For more information email [info@friendsoftheelderly.ie](mailto:info@friendsoftheelderly.ie) or call **01 873 1855.**

**Student Details**

|  |  |  |
| --- | --- | --- |
| **TY Work Experience Program:**  **GAISCE Program:** | | |
| **1st Option Start Date:**  **2nd Option Start Date:** | | **1st Option End Date:**  **2nd Option End Date:** |
| If applying for a Gaisce program which day of the week and what hours are you looking to attend: | | |
| **Name:** |  |  |
|  | First name | Surname |
| **School Address:** |  |  |
|  | Number and street | Area |
|  |  |  |
|  | Postcode |  |
| **Phone numbers:** |  |  |
|  | School/College phone | Mobile |
| **Date of birth:** |  | Email |
|  | Date / Month / Year |  |
|  |  |  |

**Tutor’s Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **First name** |  | **Surname** | **Email** |
|  |  |  |  |
| **Phone number** |  |  | |
|  |  |  | |

**Next of Kin**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **First name** |  | **Surname** | **Relationship** |
|  |  |  | |
| **Phone number** |  | **Address** | |
| **E-mail** |  |  | |

**If there is anything else you would like to add, please feel free to tell us:**

|  |
| --- |
| Click here to enter text. |