



Expression of Interest: **Thomas Gilson Education Support Fund 2022**

Name: _____

Date of Birth: _____

Phone number: _____

Email: _____

Service you are attending: _____

Name of your Key worker: _____

Email address of your key worker: _____

Please list the course/area's that are of interest to you:

1. _____

2. _____

3. _____

Your name and contact details are taken to contact you and follow up on your education meeting and application for an educational opportunity. Further, personal details will only be taken by the Lifelong Learning Officer in line with SDC Partnership Data Protection and confidentiality. Your details for funding will be recorded in a file (hard copy and online for allocation of funding). Your name will be coded as client 1, client 2 etc to discuss applications and present financial records to Boards of Management and committees. Your details will be kept on file for a period of 5 years as required by statutory funders.

Signed: _____ Date: _____