

**TRAINING PARTNERS FOR 2013  
Computerised Payroll Training in Thesaurus Payroll Manager**

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| **Section 1: Personal Details** |

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| Full Name: |  | Job Title: |  |

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| Address: |  |
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| Daytime Tel No: |  |

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| Mobile Tel No: |  |

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| Email Address: |  |

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| Best way for us to contact you? | Phone: | 🖵 | Email: | 🖵 |

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| Would you like more information about the Programme sent by email? | Yes | 🖵 | No: | 🖵 |

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| **Unable to make the dates for this Programme?**  Would you like to attend the next planned course instead? | Yes | 🖵 | No: | 🖵 |

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| The dates for the 1 day training programme are as follows:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **January 2013** | | | |  | **February 2013** | | | **Date** | 11th | 12th | 19th | 26th |  | 02nd | 02nd | | **Venue** | Maynooth | Maynooth | Limerick | Dundalk |  | Maynooth | Dundalk | |  | All courses run from 9am to 4.30 pm | | | |  | All courses run from 9am to 4.30 pm | | |

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| **Section 2: Payment Details** |

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| The cost of the Programme is **€175** per delegate and will be required 1 week prior to the course commencement to confirm and secure your place |
| All cheques are to be made payable to: **Oiliúna Limited** |

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| **Cheques should be sent with this application form to:**  Oiliúna Limited  Unit J2  Maynooth Business Campus  Maynooth  Co. Kildare  **• Tel :** 01-6510360 • **Mobile :** 086-8515146 • **Email :** keith@oiliuna.ie • |
| **Section 3: Personal Statement** | | |

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| **Sharing your objectives, skills, knowledge and experience.** |
| Please use this section to explain in brief what you hope to gain from participation in the Programme. What you will bring as a delegate to the discussions and any other pre course objectives you would like to mention. |

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| **Section 4: Disability Requirements** |

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| **Do you have a disability which is relevant to your application to attend the Programme?** | Yes | 🖵 | No: | 🖵 |

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| If yes, please give details: |

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| **Do we need to make any specific arrangements in order for you to attend the Programme?** | Yes | 🖵 | No: | 🖵 |

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| If yes, please give details: |

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| Please let us know how you heard about this Programme? |
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| **Section 5: Signature** |

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| Signed: |  | Date: |  |

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| *Oiliúna Limited undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc.) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act.* |