

## Expression of Interest Form – Ability Programme

Please fill in this form to apply for a suitability assessment with an Occupational Therapist and an Ability Programme Youth Mentor. This initial meeting will determine your suitability for the Programme.

### 1. Eligibility

Are you aged between 15 and 24? Yes  No

Verification of age, please choose one: Birth certificate  Passport

Driving Licence

Do you live in Limerick City or surrounds? Yes  No

Do you have a disability? Yes  No

*Please select all that apply (optional):*

Hidden Disability	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>

**In order to qualify for support on the Ability programme you must be:**

In receipt of disability allowance or invalidity pension

or

In receipt of illness benefit for more than three months

or

Referred to the project by relevant organisations (including Limerick Youth Service) or services supporting young people with disabilities

*(Proof of age and disability will be verified by the Ability Team and will be retained on file)*

### 2. Personal details and profile information

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: Female  Male  Other  Prefer not to say

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

<b>4. Supports Required by the young person to participate in the Ability Programme?</b>
<b>5. Expectations of the</b>
<b>Referrer:</b>
<b>Young Person:</b>

I, \_\_\_\_\_ confirm that the information provided to determine my eligibility for the Ability Programme (funded by the Department of Employment Affairs and Social Protection and co-funded by the European Social Fund), is true and accurate to the best of my knowledge. I acknowledge the data controllers may process my personal details for the purpose of assessing my eligibility for the Ability programme and to contact me directly with follow up correspondence.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian consent for U18s:**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please return completed form to The Ability Programme, Limerick Youth Service, 5 Lower Glenworth St, Limerick, V94 YF95**



**Ability is co-financed by the Irish Government and the European Social Fund as part of the ESF Programme for Employability, Inclusion and Learning 2014-2020.**

limerick youth service

