

"Digital Skills for Citizens – Classroom Training"

Please complete ALL details below and sign the form.

Name of Trainee:	
Address:	
Eircode:	
Phone Number:	Home: Mobile:
Name of Training Organisation:	
Location of Training:	
Email Address:	
3. I agree that I will share a new them to get online.4. I confirm that I will complete the share a new them to get online.	assist me to get online. If training under the Digital Skills for Citizens Scheme. It skill that I have learned on the course with one other person to encourage the online survey at the end of the training course. It the Department by phone or e-mail regarding my participation on the course
By signing this form you agree to the above	/e terms.
Date:	
Any personal data provided by respondents ur	under the "Digital Skills for Citizens" scheme shall be used by the Department solel

Any personal data provided by respondents under the "Digital Skills for Citizens" scheme shall be used by the Department solely for the purposes of scheme feedback and statistical analysis.

The Department will at all times comply with the Data Protections Act 1988-2003 and protect the confidentiality of personal data of respondents.

