



etb

Bord Oideachais agus Oiliúna
Átha Cliath agus Dhún Laoghaire
Dublin and Dún Laoghaire
Education and Training Board

College / Centre:

Name of Course being applied for:

Application No:

VTOS Application Form 2016

First Name:	Surname:	Gender: Please tick (✓)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Address:

Travel: Please tick (✓) Yes No Distance _____ miles (From home to college/centre –one way)

Mobile Telephone Number

Home Telephone Number

Email Address

PPS Number

Date of Birth

Country of Origin

Emergency Contact Name and Telephone Number. (Please Print)

Please tick (✓) one box only

Irish National

EU National

Spouse of EU National

Non-EU National

Full Refugee Status

Stay on Humanitarian Grounds

Parent of an Irish Born Child

Asylum Applicant

Stay under Subsidiary Protection

Traveller

Social Welfare Payment type on admission to VTOS. Please tick (✓) one box only:

Jobseeker's Allowance

Jobseeker's Benefit

Disability Allowance

One Parent Family Payment

Signing for Credits Only

Dependent Spouse/Partner of VTOS Eligible Person

Other (Please specify eligible payment)

Name and Address of your Social Welfare/Intreo Office. Please write below:

Length of time on Social Welfare Payment before joining VTOS. Please tick (✓) one box only:

6 – 11 months 12 – 23 months 24 – 35 months 3 years and over

Have you ever received a VTOS payment before? Please tick (✓): Yes No

If yes, please give location(s) and date(s):

Highest level of education **before** applying for a VTOS place. Please tick (✓) one box only:

No formal education
 Primary School education
 Lower 2nd Level education or QQI (FETAC) Level 3 or equivalent
 Upper 2nd Level education or QQI (FETAC) Level 4/5 or equivalent
 QQI (FETAC) Level 6 or equivalent
 QQI (HETAC) Level 6 and above

Will you need childcare support while attending a VTOS course? Please tick (✓):

Yes No

Data Protection

I agree that my data may be shared with bodies and agencies approved by the Department of Education and Skills, SOLAS and Dublin and Dún Laoghaire ETB, as necessary for the purposes of reporting and monitoring the VTOS Programme. I understand that under the Data Protection Act, personal information recorded in manual or electronic format must be stored safely and treated as confidential and should never be made available publicly in any way which could identify an individual, and that it will not be used without consent other than for the purpose for which it was gathered.

I declare that the information I have given is true and accurate to the best of my knowledge.

Signed: _____ Date: _____

For College/Centre office use only:

Date completed form was received: ____/____/____ VTOS Applicant interviewed: Yes No

Signed: _____

VTOS Co-ordinator / College Principal / AEO

College/Centre Stamp (where applicable)

VTOS application for:

Year one
 Year two
 Year three

VTOS Place offered:

Yes
 No

Social Welfare Payment Details

Please note this is an application form for a VTOS place. The applicant has not yet been allocated a VTOS place. Accordingly, please continue this applicant's Social Welfare payment until s/he has been offered a place by Dublin and Dún Laoghaire ETB. If the applicant is successful in obtaining a VTOS place, the VTOS Coordinator will notify your office of the applicant's start date. Please tick the relevant Social Welfare payment for the named applicant and complete all details.

Applicant Name: _____ PPS Number: _____

1. Jobseeker's Allowance/Benefit		<input type="checkbox"/>
2. One Parent Family Payment		<input type="checkbox"/>
3. Disability Allowance		<input type="checkbox"/>
4. Credits only:		<input type="checkbox"/>
(a) Personal Rate	Yes <input type="checkbox"/> No <input type="checkbox"/>	€ _____
(b) Qualified Adult increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	€ _____
(c) Full Qualified Child increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	€ _____
(d) Half Qualified Child increase	Yes <input type="checkbox"/> No <input type="checkbox"/>	€ _____
(e) Number of Qualified Dependents		
(f) Total Net Weekly Payment of VTOS (EXCLUDING Fuel Allowance)		€ _____
1. The above named applicant is a Qualified Adult on their spouse/partner's UA/UB claim and this spouse/partner is over 21 years of age and has a cumulative total number of days unemployed in excess of 156 days		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. National Fuel Scheme		Yes <input type="checkbox"/> No <input type="checkbox"/>

As of: ____/____/____

The cumulative number of days unemployed (Jobseeker's Allowance/Benefit) or in receipt of One Parent Family Payment or Disability Allowance or signing for Credits only is days.

Local Social Welfare/Intreo Office Stamp

Signed by _____
 Local Social Welfare/Intreo Officer

PAYPATH BANK ACCOUNT DETAILS

BIC:

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IBAN:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Name: _____

Bank Branch: _____

Bank Address: _____

Name of Bank Account Holder(Please Print): _____

Name of Student (Please Print): _____

OFFICAL USE ONLY						
Student Number:					Amount	
Personal Rate:	Codes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	€ _____
Qualified Adult increase:	393	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	€ _____
Full Qualified Child increase:	392	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	€ _____
Half Qualified Child increase:	392	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	€ _____
Number of Qualified Child Dependents:		Total Basic Payment			€ _____	
	Codes		Allowances			Amount
Travel	361	4230	Distance _____ miles			€ _____
Meals	362	4220				€4.00
Fuel Allowance	360	4240	From Mid-October to May (26 weeks)			€ _____
Checked by:		Total Allowance Payments			€ _____	
Date:		Total Weekly Payment (Basic Weekly Payment & Allowances)			€ _____	