



Application form for

Back to Education Programme:

Back to Education Allowance Scheme (Second Level and Third Level Option),
Education, Training and Development Option and Part-time Education Option.

How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an X in the relevant boxes.
- Your application must be submitted before the start date of your course of study.
- If you are starting a new course or progressing to a course at a higher level, it is not possible to receive the Back to Education Allowance and a Higher Education Student Maintenance grant at the same time. However, you can still apply for your student services charge and college fees to be paid by your local authority or Vocational Education Committee (VEC) using the Student Grant application form.
- Please note if you are in receipt of an increase in respect of a qualified adult or children, you should notify the Department of any change in their circumstance as this may affect your rate of payment.
- You need a Personal Public Service Number (PPS No.) before you apply.

Fill in all **Parts** as they apply to you (if you fail to do so, the form may be returned to you). When form is completed, sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to www.welfare.ie.

How to fill in first page of this form

To help us in processing your claim:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T							
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other								
3. Surname:	M	U	R	P	H	Y									
4. First name(s):	M	A	U	R	E	E	N								
5. Your first name as it appears on your birth certificate:	M	A	R	Y											
6. Birth surname:	M	C	D	E	R	M	O	T	T						
7. Your mother's birth surname:	K	E	L	L	Y										
8. Your date of birth:	2	8	0	2	1	9	7	0							
	D	D	M	M	Y	Y	Y	Y							

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	C	O		D	O	N	E	G	A	L									
10. Your telephone number:	0	8	6	1	2	3	4	5	6	7									
	MOBILE																		
	0	1	7	0	4	3	0	0	0										
	LANDLINE																		
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E	

SAMPLE

12. Please give details of all second level and third level courses you have completed and year(s) you got each qualification:

Type of course:

Year obtained:
 Y Y Y Y

Level and type of qualification received:

Type of course:

Year obtained:
 Y Y Y Y

Level and type of qualification received:

Type of course:

Year obtained:
 Y Y Y Y

Level and type of qualification received:

Note: a separate sheet of paper can be used for more details if needed.

Examples of qualifications include Junior, Intermediate or Leaving Certificate, FETAC level courses or third level courses such as HETAC level courses, Degree, Honours degree, H.Dip., Post graduate Diploma or Masters (MA) or qualifications in any other country. The National Qualifications Authority of Ireland is the Irish centre for the recognition of international qualifications, known as Qualifications Recognition -Ireland. The website is www.qualrec.ie. You should provide written confirmation from this Authority of any qualifications received outside of Ireland.

13. What work experience do you have? (please give details of previous employment, if any)

Employer's name:

Employer's address:

Job title:

Dates you worked there:
 From:
 To:
 D D M M Y Y Y Y



Please give details of the course you would like to do:

14. Name of school or college:

15. Address of school or college:

16. What is the course: Second Level Third Level Foundation or Access Third Level undergraduate Approved postgraduate

17. Is the course: Full-time Part-time

18. Please state:
 Title of course:

Level and type of qualification:

Awarding body: (example Hetac, Fetac, Btec or College)

How long is the course: year(s)

Specify current year of course: First Second Third Fourth

The start date of course:
 D D M M Y Y Y Y

The end date of course:
 D D M M Y Y Y Y

19. Have you previously attended this course? Yes No

If 'Yes', please give details:

Note

If you have an entitlement to Back to Education, you will be asked to provide confirmation from the Registrars or Admissions Office of your school or college that you are registered as a full-time day student. This letter should contain the starting and finishing date of the course of study in the current academic year. You will only get the Back to Education Allowance or the Cost of Education Allowance when you have given this information.



Please give details in the space provided of any additional information you may wish to give about your application.

If you are getting any of the following payments:

- Jobseeker's Benefit
- Jobseeker's Allowance
- Farm Assist
- One-Parent Family Payment
(paid by your local Social Welfare Office)

Send this form together with the details of college registration to:

Your local Social Welfare Office

- Illness Benefit

Back to Education Schemes
Department of Social Protection
Social Welfare Services
Government Buildings
Shannon Lodge
Carrick-on-Shannon
Co. Leitrim

LoCall: 1890 927 999

- One-Parent Family Payment
(paid from Social Welfare Services Sligo)
- Deserted Wife's Benefit
- Deserted Wife's Allowance
- Widow's or Widower's (Contributory) Pension
- Widow's or Widower's (Non-Contributory) Pension
- Prisoner's Wife's Allowance

Department of Social Protection
Social Welfare Services
College Road
Sligo

LoCall: 1890 500 000

- Blind Pension
- Invalidity Pension
- Disability Allowance
- Incapacity Supplement
- Carer's Allowance

Department of Social Protection
Social Welfare Services
Ballinalee Road
Longford

LoCall: 1890 927 770

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.



To be completed by your local Social Welfare Office

Local Social Welfare Office code number:

Application for (please tick): Second Level Option Third Level Option
 Part-time Education Education, Training & Development

Please state payment type: JA JB Credits

Please state periods of Unemployment and Cumulative Total:

From:	To:	CT:
From:	To:	CT:
From:	To:	CT:

Please give details of periods spent on FÁS, Community Employment, VTOS, BTEA, BTWA, Job Initiative, Job Assist.

Type:

<input type="text"/>	From:	To:	CT:
<input type="text"/>	From:	To:	CT:
<input type="text"/>	From:	To:	CT:

Date:
D D M M Y Y Y Y

Signature of local officer (not block letters)

Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

