Application form for

Social Welfare Services BTE 1 Data Classification R

Back to Education Programme:

NDP

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

You need a Personal Public Service Number (PPS No.) before you apply. How to complete this application form.

- Please tear off this page and use as a guide to filling in this form.
- Please answer **all questions**. Incomplete forms will be returned and this may delay your application.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Your application **must be** submitted together with the details of your college course before the start date of your course of study. (If your course has already started please outline the reason for the late application).
- Your application may be referred to the Departments Activation Case officer. Following consultation with you, they will determine the employment relevance of your chosen course. Further to this, a Deciding Officer will advise you if you satisfy the eligibility criteria for the BTEA scheme and will outline what additional information/documentation that may be required. It is only at the end of this three-part process (where applicable) that your BTEA can be fully decided.
- Applications for the Student Grant Scheme are processed by Student Universal Support Ireland (SUSI). For more information, log on to www.studentfinance.ie.
- It is not possible to receive the Back to Education Allowance and a Student Grant maintenance element at the same time. However, you may be eligible for the student services charge and/or tuition fees under the Student Grant scheme.
- Please note that a person who was in receipt of voluntary redundancy does not have immediate access to BTEA.

Fill in all **Parts** as they apply to you. When form is completed, sign declaration in **Part 1**.

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

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

How to fill in first page of this form

To help us in processing your application:

- 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	Т											
Title: (insert an 'X' or specify)	Mr.			Mrs	s. 🛚 🗙		Ms	i. [C)the	er						
3. Surname:	M	U	R	P	Н	Y													
4. First name(s):	M	Α	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	Α	R	Y															
6. Birth surname:	M	С	D	E	R	M	0	Т	Т										
7. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M	•	Y	Y	Y	Y	'								
8. Your mother's birth surname:	K	E	L	L	Y														
				Co	nt	act	D	eta	ils										
										_	_								
9. Your address:	1		N	E	W		S	T	R	E	Е	T							
	0	L	D		Т	0	W	N											
	D	0	N	E	G	Α	L		T	0	W	N							
County	D	0	N	E	G	Α	L				Pos	tco	de						
10.Your telephone number:	0	N	Ε		N	U	M	В	Ε	R		P	Ε	R		В	0	X	
	M) B	ΙL	E															
	0	N	Ε		N	U	M	В	Ε	R		P	Ε	R		В	0	X	
	LA	N	D L	ΙN	Е	_	_									_			
11.Your email address:	0	N	Е		С	Н	Α	R	Α	С	Т	Е	R		Р	Ε	R		

SAMPLE

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Application form for

Social Welfare Services BTE 1 Data Classification R

Back to Education Programme



Part 1	Your own details	
1. Your PPS No.:		
2. Title: (insert an 'X' or specify)	Mr. Mrs. Other	
3. Surname:		
4. First name(s):		
5. Your first name as it appears on your birth certificate:		
6. Birth surname:		
7. Your date of birth:	D D M M Y Y Y Y	
8. Your mother's birth surname:		
	Contact Details	
9. Your address:		
County	Postcode	
10.Your telephone number:	MOBILI	Ε
	LANDL	INE
11.Your email address:		
	Declaration	
any of the information I provide that I will be required to repay	ven by me on this form is truthful and complete. I understand is untrue or misleading or if I fail to disclose any relevant inform the payment I receive from the Department and that I may be ediately advise the Department of any change in my circumstate entitlement.	rmation,
	Date: D D M M Y Y	YY
Signature (not block letters)		

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 1 continued	Your own details
12.If your course has already	started please outline the reason for the late application:
13.Please give details of all se you got each qualification:	cond level and third level courses you have completed and year(s)
	Course 1
Type of course:	
Year obtained:	Y Y Y Y
Qualification received:	
Please specify award type:	Full Major Minor Special purpose
	Course 2
Type of course:	
Year obtained:	Y Y Y Y
Qualification received:	
Please specify award type:	Full Major Minor Special purpose
	educational qualifications received to date.
Note: a separate sheet of p	paper can be used for more details if needed.
6 courses or third level cour Masters (MA) or qualification	nclude Junior, Intermediate or Leaving Certificate, QQI courses to level ses such as Degree, Honours Degree, H.Dip. Post Graduate Diploma or ons in any other country. Qualifications Recognition, which is part of reland (QQI), facilitates the academic recognition of foreign

Quality and Qualifications Ireland (QQI), facilitates the academic recognition of foreign qualifications in Ireland.

For more information, visit www.qqi.ie or call 01 9058100.

You should provide written confirmation from this Authority of any qualifications received outside of Ireland.

Employer's name:											
Employer's address:											
Job title:											
Dates you worked there:		1		1							

Part 1 continued Your own details

Part 2

Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

Financial Institution																				
	You will find the following details printed on statements from your financial institution.																			
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s):																				
Name 1:																				
Name 2 (if any):																				
				P	ost	O	ffic	ce												
Please enter below the name payment.	and	l ad	ldre	ess c	of th	ne p	ost	off	ice	wh	ere	you	ı wi	sh t	to c	olle	ect	you	r	
Post office name:																				
Post office address:																				

laits	D	Cl	aı.	15 (OI.	3C1	LU	OI '	OI	CU	116	ge								
Please give details of the c	ours	e y	ou	woı	uld	like	to	do:												
15.Name of school or college:																				
16.Address of school or college:																				
·																				
17. What is the course:	S	eco	nd	Lev	/el		Thir	d L	eve	l		Thir	d L	eve	I		Α	ppr	ove	d
							Fou or A			1		und	erg	radı	uate	е	p	ostg	rad	uate
Please attach a copy of you advertising the course.					r, C	AO	app	olica	atio	n o	r a	cop	y o 1	f th	e w	eb	pag	e		
18.Is the course:	F	ull-	tim	ie			Part	t-tin	ne											
19.Please state:											1								1	
Title of course:																				
Level of qualification:																				
Award type:	F	ull					Maj	or				Min	or			S	pec	ial p	urp	ose
Awarding body: (example Hetac, Fetac, Btec or College)																				
How long is the course:		/eai	r(s)																	
Specify current year of course:		Firs	t				Sec	cond	b			Thi	ird				F	our	th	
The start date of course:	D	D		M	М		Υ	Υ	Υ	Y										
The end date of course:	D	D		M	M		Υ	Υ	Υ	Y										
20.Have you previously attend	ded t	his	со	urs	e of	fstu	ıdy	?												
		Yes				I	No													
If 'Yes', please give details:																				
21.Have you previously attend	ded a	a co	ur	se e	qui	ival	ent	to 1	the	sar	ne (qual	lific	atio	n?					
		Yes			Ī	_	No					-								
	If 'Yo		-		e at	tac	h pı	root	fof	the	ye	ar y	ou	obt	ain	ed 1	this			
Note	quui		+ I																	

Details of school or college

Part 2

If you have an entitlement to Back to Education, you will be asked to provide confirmation from the Registrars/Admissions Office/Students Records 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 when you have given this information.

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Details of social welfare income

	any progression plan agreed with the Department:
23. Are you getting a Social Welfare payment?	Yes No
24.If Yes, what payment are you getting?	
25. How long have you been getting this payment?	months
26. Name of office that pays this payment:	
28.If you are not getting a so	cial welfare payment, are you?
	A dependant on your spouse's, civil partner's or cohabitant's social welfare payment.
	Signing for credits or forwarding medical certificates for credit purposes.
29. What is your spouse's, civ	il partner's or cohabitant's PPS No.:
30. Are you in receipt of an in	acrosco for your chouse sivil partner or cobabitant?
	ncrease for your spouse, civil partner or cohabitant?
	Yes No
	Yes No
If 'Yes', do you wish to conti	Yes No No inue to receive this increase?
If 'Yes', do you wish to conti	Yes No inue to receive this increase? Yes No
If 'Yes', do you wish to conti 31.Are you in receipt of an in	Yes No inue to receive this increase? Yes No ncrease for your dependant children?

Part 5	Additional i	nformation	
32.Have you taken part in any of the following:	SOLAS/FET course	VTOS	Community Employment (CE)/Rural Social Scheme
	ВТЕА	Job Bridge/Inter	nship
	BTWEA, SOLAS, Solas, Gateway,	/FET Job Initiative, Job / Momentum, Springboar	Assist, STEA, Tús, ETB, d, JobPath.
Dates you spent on the above	ve scheme or course:		
From:			
То:	D D M M	YYYY	
33.Are you getting any of the	following secondary	y benefits?	
	Fuel Allowance	Rent or Mortgage	e Interest Supplement
34. Have you recently been aw	varded Statutory Re	dundancy?	
	Yes	No	
If 'Yes', please attach a pho	otocopy of your red	undancy document (RF	P 50).
35. Have you applied for the S	tudent Support Gra	nt	
	Yes	No	
36.Please give details in the s about your application.	pace provided of an	y additional informatio	on you may wish to give

Part 6 Where to send your application If you are getting any of Send this form together with the details of the following payments: college offer to: Jobseeker's Benefit Jobseeker's Allowance Your local Intreo Centre or **Social Welfare Office Farm Assist One-Parent Family Payment** (paid by your local Social Welfare Office) **BTEA Section Illness Benefit Section Illness Benefit** Áras Mhic Dhiarmada **Store Street** Dublin 1 Telephone: 01 704 3294 or 01 704 3696 **One-Parent Family Payment** (paid from Social Welfare Services Sligo) Department of Employment Affairs and Social Protection **Deserted Wife's Benefit Social Welfare Services Deserted Wife's Allowance** College Road Sligo Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension Telephone: 071 915 7100 LoCall: 1890 500 000 Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension If you are calling from outside the Republic of Ireland please call Prisoner's Wife's Allowance + 353 71 915 7100 **Blind Pension** Department of Employment Affairs and Social Protection **Invalidity Pension** Social Welfare Services **Disability Allowance Ballinalee Road** Longford **Incapacity Supplement** Telephone: 043 334 0000 Carer's Allowance LoCall: 1890 927 770 If you are calling from outside the Republic of Ireland please call + 353 43 334 0000 Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers. Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For official use only

To be completed by your local Intreo Centre or Social Welfare Office

	eo or Social ffice code number:					
Applicatio	n for (please tick):	Second Le	evel Option	Third Level	Option	
		Post Grad	Approved	Education,	Training & Development	t
Please sta	te payment type:	JA	JB	Credits	Other	
BTEA new year?	claim 2015/16	Yes	No			
Eligible ag	e?	Yes	No			
Statutory	Redundancy?	Yes	No			
Approved	course?	Yes	No			
Late claim	?	Yes	No			
Progressio	n in Education?	Yes	No	Note: Refer	to Case Officer	
Please sta Unemploy	te periods of ment and	From:	To:		CT:	
Cumulativ		From:	To:		CT:	
		From:	To:		CT:	
	e details of periods ; ive, Job Assist, Tús,				ΓOS, BTEA, BTWEA,	
		From:	To:		CT:	
Type:		From:	To:		CT:	
		From:	To:		CT:	
Total CT d	ays for BTEA					
Eligible for	BTEA	Yes	No			
Referral to	Case Officer	Yes	☐ No			
Signature	of determining officer (no t	t block letters)	Dat	e: DD M	20 Y Y Y Y	

For official use only

To be completed by a case officer - recommendation for BTEA

BTEA recommended	Yes No			
If 'Yes', please outline recor	nmendation reason(s):			_
If 'No', please give reason(s):			
Other relevant information	:			
			Official Ir	ntreo Stamp
			Official ii	itico stamp
Signature of case officer (not bloom	ck letters)			
Date: D D M M	2 0 Y Y Y			
To be complete	d by a deciding offi	cer in yo	ur local Intr	eo Centre
	BTEA awarded	ВТЕА	refused	
Decision issued:	Yes No			
Start date:	D D M M Y	0		
ISTS code update	Yes No			
TLA updated	Yes No			
		Date:	D D M M	2 0 Y Y Y
Signature of deciding officer (not	block letters)			

Data Protection Statement

The Department of Employment Affairs and Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

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